DRAL HYGIENE

Published for Las S. SMITH & SON CO. Pittsburgh, U. S. A.

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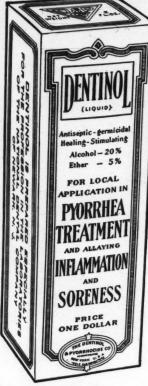
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Whether the pyorrhetic condition is in the early, intermediate or advanced stage, you can depend upon



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to do its work rapidly and satisfactorily in reducing soreness and inflammation, and in repairing diseased gum tissue.

DENTINOL is always applied FULL STRENGTH because, it is non-toxic and non-caustic. It destroys the germs lining a pyorrhea pocket, without destroying oral tissue.

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hristmas approaches with its happy days and joyous spirit that envelopes the land The Children's peals of laughter fill the house Je We meet pou, clasp your hand, look into your face and think of your appreciation, patience and forbearance and these little things bring a glow of warmth to our hearts 5 It is in this true Christmas spirit we wish you

A Merry Christmas

Lee S. Smith & Son Co.

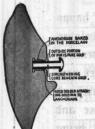
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VERY NOW AND THEN a dentist who has E had a run of hard luck with his cheap baked-in base-metal pin teeth asks to see a

TWENTIETH CENTURY SOLILA ASSORTMENT

It always interests us to see how a dentist instinctively turns to "T. C." Solila at such times - a rare compliment indeed to the

long, undimmed reputation of Twentieth Century Solila Teeth.

But what interests us still more is: why do so many of you wait until trouble drives you to "T. C." Solila? They are the lowest priced teeth it is safe to use.

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Abreast of the Time?

How many dentists follow the latest developments in dentistry? The answer is, "not nearly as many as one would expect."

The careful selection of a number of the magazines listed below will keep you well posted on the latest trends of thought in the dental field.

Where else could you get so much for such a nominal outlay? Check your pet magazines, sign the lines and send this to us.

zines, for 1927—those subscription prices.	cription for the following man I've checked—billing at regu
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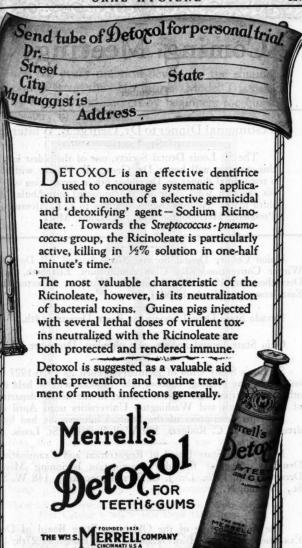
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December Twenty-Kifth Nineteen Hundred Twenty-Six bring to you and yours complete happiness is the sincere wish of

I. Johnson Smith Faboratories, Inc. Monongahela Bank Anilding Vittsdurgh Benna.





Coming Meetings

December

Testimonial Dinner to Dr. George B. Winter of St. Louis

The St. Louis Dental Society, one of the oldest in this country, will honor Dr. George B. Winter with a testimonial dinner on December 6th in recognition of his research work done on the impacted mandibular third molar. Address communications to J. F. Alcorn, President, Metropolitan Bldg., St. Louis, Mo.

Union County Dental Society, Sixth Annual All Day Mid-Winter Convention, Elks Club Auditorium, Elizabeth, N. J., December 1st, 1926, Dr. Arthur F. Woolfey, Director, 1162 East Jersey St., Elizabeth, N. J.

Nevada State Dental Society, at Reno, December 4th.

Ohio State Dental Society, at Columbus, December 7th.

St. Louis Study Club of Dentistry opened its 1926-1927 term on Wednesday evening, October 6th. Sessions will be held every other week, from eight to ten o'clock, in the dental department of the St. Louis and Washington Universities until April next.

Bulletins description of the Study Club may be had by addressing Dr. F. C. Rodgers, 309 Wall Building, St. Louis.

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New Jersey State Board of Registration and Examination in Dentistry. Regular five day examination beginning Monday, December 6th, 1926. Dr. J. C. Forsyth, Secretary, 148 W. State St., Trenton, N. J.

The next meeting of the Oklahoma State Board of Dental Examiners will be held in Oklahoma City, December 27th, 1926. Dr. Charles A. Hess, Idabel, Oklahoma, Secretary-Treasurer.

(Continued on page 2252)

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and has every practical device for the elimination of error, the "Heidbrink" Model T is used by experts, and chosen by beginners for quick mastery of anesthesia.



Note the "right-at-hand" control—on top within easy reach . . the accurate sight-feed indication of dosage always in full view . . the Selective Emergency Valve that gives absolute emergency control by means of a single instantaneous manipulation. Every mechanical device is for Safety . . . for Efficiency . . . for Successful Anesthesia.

These are but a few of the exclusive features. Write for our Free Catalog 6 which tells about the others.

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Dental , 1926. rer.

Coming Meetings

(Continued from page 2250)

January

Chicago Dental Society, Sixty-third Annual Meeting and Clinic, at the Drake Hotel, Chicago, January 26, 27, 28, 1927.

The meeting will again be divided into nine sections as follows: Section I—Operative Dentistry. Chairman: Robt. E. Blackwell, 104 S. Michigan Ave. Secretary: W. Ira Williams, 122 S. Michigan Ave. Section II—Full Denture Prosthesis. Chairman: G. M. Hambleton

Section II—Full Denture Prosthesis. Chairman: G. M. Hambleton, 29 E. Madison St. Secretary: John M. Besser, 30 N. Michigan Ave. Section III—Partial Denture Prosthesis. Chairman: Frank H. Vorhees, 25 E. Washington St. Section IV—Oral Surgery, Anesthesia and Diagnosis. Chairman: C. F. B. Stowell, 25 E. Washington St. Secretary: Joseph G. Wiedder, 25 E. Washington St.

Section V-Orthodontia. Chairman: B. O. Sippy, 30 N. Michigan Ave.

Secretary: J. W. Ford, 25 E. Washington St.

Section VI-Periodontia. Chairman: Edgar D. Coolidge, 25 E. Wash-

ington St. Secretary: G. R. Lundquist, 104 S. Michigan Ave.

Section VII—Mouth Hygiene, Preventive Dentistry, Public Health and Educational Exhibits. Chairman: Herbert E. Phillips, 5457 S. Ashland Ave. Vice-Chairman: E. E. Graham, 58 E. Washington St. Secretary: Harold S. Smith, 1010 Belmont Ave.

Section VIII—Roentgenology. Chairman: J. H. Prothero, 25 E. Washington St. Secretary: Frank H. Bernard, 25 E. Washington St.

Section IX—Pathology, Materia Medica and Therapeutics. Chairman: Edward H. Hatton, 31 W. Lake St. Secretary: J. R. Blayney, 912 Galt Ave.

The slogan for this meeting is "Educational." All subjects of vital importance to dentistry today will be covered by the best authorities in the country. Three half-days will be devoted to scientific papers and two half days to clinics and lecture clinics. One evening will be given over to a joint meeting with the medical profession and on Thursday noon there will be a special feature luncheon. A banquet will be given on Thursday night, in honor of the visiting state dental society and Canadian province dental society presidents. A preliminary program will appear in the January issue of the Chicago Dental Society Bulletin and other dental publications.

Howard C. Miller has charge of exhibits; Stanley Tylman of the clinics; Harris W. McClain, general arrangements; Roy M. Wilson, banquet; Victor H. Fuqua, reception; Frank W. Booth, transportation, and Don M. Gallie, Jr., the ladies' entertainments; Otto U. King, program.

HUGO G. FISHER, Secretary.

North Carolina State Board of Dental Examiners. The next regular meeting will be held at Raleigh, beginning promptly at 9 o'clock, January 10th, 1927. For application blanks and further information, address H. O. Lineberger, Secretary, Raleigh, N. C.

THE WE

NAME

"Does Brushing Help or Harm Your Patients' Gums?"

"Stimulating massage of the gums is one of the greatest benefits from proper tooth brushing. Massage that helps to firm up the gums and to bring them down over the teeth.

"How many of your patients brush their teeth in the one way that gives this beneficial massage? The modern way of brushing in one direction only—starting on the gums and sweeping toward the biting edges.

"Other methods of brushing push the gums back. Thus, one of the greatest services you can render your patients is to teach the newer way."

Geon Hesh

FOR this newer, better way of brushing teeth, a special brush was created and named for Dr. West. Its small size, its convex surface, the high quality of its bristles, set in wedge-shaped tufts and widely spaced, have commended it especially to the profession. By recommending Dr. West's Tooth Brush to patients and teaching its correct use, thousands of dentists have found they get better kept teeth to work on. So can you!

FREE—on request, The Western Company will gladly send a brush for demonstration use and a supply of prescription blanks, without charge.

In dozen lots, the adult's size Dr. West's is \$4.00 per dozen.

HE WESTERN COMPANY, 402 W. Randolph St., Chicago, Ill.

Please send me sample Dr. West's Tooth Brush and supply of prescription blanks, without charge

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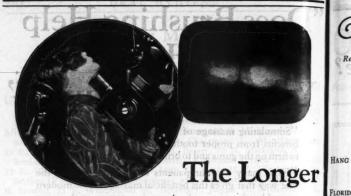
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Dentist Uses a CDX

the more appreciative he becomes of its remarkable flexibility, safety and range.

The illustrations show the operative positions and resulting radiographs (unretouched) of the orientation of an unerupted lower third molar in an adult.

Particular attention is called to the easy relaxed position of the patient as well as the close proximity of the apparatus to the patient—which is not only practical but 100% electrically safe—when a CDX is used.

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HYGIENE

Contents December 1926

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Merry Christmas

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How would syrup flow through a sprue hole?



O quality is more important for a casting gold than perfect fluidity. This also is a secret of Ney skill in alloying constituent metals. When pressure is applied, Ney Casting Golds flow instantly into the innermost recesses of the pattern chamber, reproducing the most minute details and eliminating the porosity that lurks in alloys that are viscous when molten.



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DECEMBER, 1926 Vol. 15, No. 12





THE SEAL OF SAFETY

on your family's health insurance

YOUR family's health is the most important thing in the world to you. Yet you alone cannot protect your family. The organized, community-wide and nation-wide anti-tuberculosis campaign is health insurance to protect you and your family. This organized campaign, financed by the sale of Christmas Seals, has helped to cut the tuberculosis death rate by more than half. Buy Christmas Seals. Buy as many as you can. Seal every holiday letter, every Christmas package, and every Greeting Card with these Seals of Safety, which are your family's health insurance.

THE NATIONAL, STATE AND LOCAL TUBERCULOSIS ASSOCIATIONS OF THE UNITED STATES

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HREE years ago this spring, if you should have happened to be passing a certain university

in the middle west, you would have seen a young man enthusi-

astically stepping forth from the doors of his Alma Mater with his diploma in one hand, and a state license to practice dentistry, in the other. He was a very proud young man; self-satisfied, and was confident that he knew all there was to know about dentistry, for had he not taken the highest honors of his class?

As he left school, he recalled the wonderful talks given by prominent men of his profession at the several different banquets prior to his graduation. He recalled particularly how one old brother practitioner, in his talk, declared that "dentistry was the tip-top, blue blossomed flower of excellence." Ah, Yes! and he remembered how these same men boasted of the ten, fifteen and even twenty thousand dollar practices that they enjoyed. He even remem-

bered how they would boast of the enormous fees that they received. Twenty dollars was nothing for a simple occlusal foil. They would not consider making plates for less than one hundred and fifty dollars,



Anne Shriber

Right out of dental college, full of pep and theory, he thought he only this sam had to put out his shingle to make his chose good.

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City, Nebraska

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There is a large percentage of college graduates who start out in the world under a big mental handicap, which they themselves are to no small degree responsible for.

They are often under the impression that their education is complete, that the busy world will receive them

with open arms and the road will be easy.

There will be those who will sense something amiss and adjust themselves quickly, realizing that their college training provided a splendid foundation and ground work, but that they must learn how to apply this knowledge in the practical world.

There will be some that will not be able to adjust themselves so quickly and others that perhaps never will.

and the thing that he remembered most of all was that their patients always expected to pay cash and never complained about the fees.

As he walked hurriedly away from the college, he kept congratulating himself that he had taken up dentistry as his chosen profession. He breathed a deep sigh of relief, for he now thought that all his troubles were over and he would soon be repaid for the time and money he had spent acquiring a dental education.

full of Three months later we find ne only this same young man practicing o make his chosen profession in a country town of about two thousand population. He had purchased a well established practice from a dentist who had been attracted by the golden opportunities in California.

parient he has in the chair. He

As we watch the young doctor going about his duties in his office, we cannot help but notice that there has been a decided change since we saw him leaving his Alma Mater that morning a few months previous. He no longer has that enthused, self-satisfied and self-confident air that was so markedly pronounced as he walked away from the doors of the dental college. We wonder what dread-

ful calamity could have happened to have wrought such a change in so short a time.

As we sit there pondering, we overhear him talking to the patient he has in the chair. He is explaining to his patient that he can put in an amalgam restoration which will enable the diseased tooth to return to its normal efficiency in mastication. Upon being asked by his patient as to his fee for such a service, he hesitatingly stammers that his fee is two dollars, whereupon we immediately hear the patient exclaim in an indignant voice that she has been to Dr. X-. and that he offered to insert the same filling for one dollar. Our young dentist friend attempts to explain that there is a difference between plugging up a cavity with silver and scientifically restoring the contour and normal function of a decayed tooth, with an amalgam restoration. But with no avail. The patient indignantly leaves his office to go to his competitor who promised to fill the decayed tooth for one dollar.

The next case is a patient for a full upper and lower extraction. As our dentist friend goes about the office, making the necessary preparations prior to extracting the teeth, he wonders to himself why they did not give him more of a practical course in nerve blocking, when he was at college, instead of so much theory; for as he looks back, he realize that all the time that he was in college, he did not have the opportunity to give a man-

dibular injection for extractions. He also tries to reason why they did not give more of a practical course in general anesthesia, such as nitrous oxide and oxygen, instead of so much minor theory which he, as yet, has never brought to use in his practice. He wonders why he was never permitted to touch a gas machine until he bought one of his own.

Summing everything up, he discovers that he has spent five years in college, during which time he has accumulated a wonderful amount of theory. He can make ideal cavity preparations and insert beautiful gold foils, but in other branches of his profession, he is lacking.

In college, he learned all there was to know about materia medica, as far as theory was concerned, but when it came to putting it to a practical use, he was up against it. I remember being in his office when he had to call in his professional brother, the M.D., to administer a hypodermic injection of morphine to a patient, prior to giving a general anesthetic.

During his college course, it was considered against the rules of good dentistry to devitalize and fill root canals. Now, as he reads the current dental literature, he finds that the pendulum is again swinging back, and prominent men in his profession are advocating the filling of root canals in certain devitalized teeth. He again realizes that during his entire college course, he never devitalized and

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dentist and Cl Stambo grees in ractions. filled the canals of a tooth. In fact, our young dentist friend vhy they practical is beginning to awake and realize that he knew very little esthesia, about practical dentistry when de and he left the doors of his Alma much Mater that morning we first as yet, se in his saw him. why he

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At the end of the month, we find our young dentist struggling over his books. He is sending out statements, attempting to collect the money due him for the services that he has rendered. He cannot help but envy those successful brother dentists, who, in their wonderful addresses at the school banquets, declared that their patients paid

the enormous fees without questioning.

At the end of the year, our young friend finds that by staying strictly to his office, he has managed to obtain an income of only modest proportions. He cannot help but wonder how those same successful brothers of his can find time to take the afternoon off for a game of golf, attend and take active part in all school banquets and yet maintain that they are able to enjoy such handsome incomes.

Summing it all up, he is beginning to doubt if dentistry is "The tip-top, blue blossom flower of excellence."

Chiang's Tooth

New Haven—Because a Yale dental expert at the Yale in China extracted an aching tooth for General Chiang, the college in that war-ridden country is receiving ample military protection, according to a statement made by President Edward H. Hume in the Yale Alumni Weekly. He states that the advance of the Canton army on its drive through the Hunan province has not caused disturbance to either the academic or the medical work at "Yali" as "Yale in China" is termed.

The tooth extraction was directed by an attractive young woman, Dr. Louise Farnam, daughter of Professor Henry M. Farnam of Yale.

First Women Dentists

Turkish women have for the first time entered the fields of dentistry and chemistry. Turkey's first women dentists, Gourro and Chadie Hanoums, have just received their diplomas from the Stamboull School of Dentistry, and four women have received degrees in chemistry from the University of Constantinople.



Florida Dentists Worked Heroically in Relief Stations

By L. M. ANDERSON, Tampa, Florida



the rest of the dental world would like to have a little news direct from

the scene of the recent breeze in Florida, I am writing to you that it may be broadcast through the pages of ORAL HYGIENE.

You know that when Florida does anything, it is done in a big way, including storms and hurricanes. Our weather had been a little too warm, so we called upon our weather man for a double supply of the famous Florida breezes, about

which you have heard tell, but this weather man got his orders mixed and pulled a stunt like we have done a few times in our career "filling an order from every one of our houses"; the result—"lot of goods to be returned for credit." But this weather man won't take back his storm and give us credit; we have to pay for the goods. What all this means is that we had some breeze.

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There are one hundred and eighteen dental offices in the hurricane path (did I say are? I meant were) and to all those



This picture taken by Mr. Anderson of Tampa, Florida, shows a dental office in the path of the terrible havoc wrought by the hurricane.

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who know about a hurricane from reading only, let me say that its staying powers are one of its chief virtues.

This particular hurricane began to make itself felt Friday evening, September 17th, and continued with ever-increasing force until Saturday morning about six, when it stopped abruptly (to catch its breath, I suppose) for about one hour; then turned and came back with a fury that cannot be described and blew until two Saturday afternoon.

It was this awful come-back that crumpled houses like paper and took a terrible toll of life.

Dentists suffered along with the rest, and the profession should be proud of its members in this territory. They were among the first at the relief stations ministering to the injured along with every doctor in the territory, and it was by their help that the injured were cared for as promptly as they were. They also made charts of the mouths of unidentified dead for future identification. They then turned to survey their own personal damage. If you can imagine what a dental office looked like after being treated to a shower of flying glass, bricks, timber, water, etc., you begin to get a picture of what these men found their offices to be. I don't mean every office, of course, but mighty few got away without some damage, some being entirely wrecked. Look at this one!

I am sorry I could not get a

picture of the office when I first saw it, but I didn't have my kodak with me then. The chair had fallen down to the second floor and the unit was hanging out in the open air, being held in by the plumbing pipes only. We were so very busy salvaging and rehabilitating equipment that I didn't have a chance to get any pictures until just before I left, and by that time a great deal of the debris had already been cleaned up.

Be is said to the everlasting credit of the dental manufacturers that the units, engines, etc., after being dried out, with few exceptions, ran as well as ever.

After every great disaster the people are dazed at first, but the way they have "snapped out of it" and gone to work, shows that the spirit was bent but not broken. Downtown Miami at this writing, October 7th, is all cleaned up, and they have water and gas in the pipes, and the lights are burning. The suburbs are rapidly removing wrecked homes, new ones are rising, and others are being repaired, and this applies to the whole territory from Ft. Lauderdale on the north to Florida City on the south. In other words, the whole territory is staging a tremendous comeback with a speed and energy that commands the deepest respect.

The many messages of sympathy and offers of help from throughout the country were re-

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ceived with gratitude, and this alone has spurred our people to efforts of rebuilding.

The destruction was great, but the spirit primed by your messages of sympathy and encouragement is greater. Miami and the entire storm area are coming back and coming back strong!"

The Oral Hygiene Florida Fund

At this writing \$750.50 has been turned over by ORAL HYGIENE to the Florida State Dental Society. In addition to the contributors reported in the previous issue the following contributions are announced:

Dr. F. R. Burnham, Lake Village, Ark	1.00
National Capitol Dental Society	25.00
Dr. C. E. Robinson, Antwerp, N. Y	2.00
Anonymous donors	10.00
Dr. F. H. Johnston, Florence, Ala	5.00
Dentists Pyorrhea Ass'n., Los Angeles, Cal	25.00
Harmeyer & Brand, Cincinnati, Ohio	25.00
John Hood Company, Boston, Mass	31.00
Climax Dental Supply Co., Inc., Philadelphia	25.00
Dr. A. C. Edwards, Milwaukee, Wis	1.00
Dr. W. H. Burdick, Little Genesee, N. Y	2.00
Dr. C. C. Coffee, Minneapolis, Minn	10.00
District of Columbia Dental Society	100.00
Subscriptions collected at meeting of District	
of Columbia Dental Society meeting	86.00
Dr. L. C. Hay, Scottsbluff, Nebraska	5.00
Dr. Erwin Henselmeir, Los Angeles, Cal	5.00
Dr. H. T. Craig, San Francisco, Cal	2.50
Indiana State Dental Association	100.00
Dr. W. S. Armstrong, San Diego, Cal	5.00
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Many dental manufacturers contributed via the Red Cross previous to the announcement of the ORAL HYGIENE Florida Fund. The Ritter Dental Manufacturing Company, Rochester, N. Y., donated generously, not only to the Red Cross fund but in directly aiding stricken members of the dental profession.

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Building and Loan

Associations

By WALTER S. KYES, D.D.S., San Diego, Cal.



HAVE read with interest Dr. Bernard Feldman's article in the May 1926 number of ORAL

HYGIENE, which purports to answer F. C. D.'s pertinent and timely article, "What of Your

Old Age?"

In the beginning I wish to state that Dr. Feldman is no doubt sincere in his belief in the value and soundness, on the whole, of what he terms the "New Jersey plan." I am of the opinion, though, that the Doctor has become altogether too enthusiastic when he invites dentists to become members of his or any other association of the sort on the grounds that it will insure to them a "sure" and 'comfortable" future.

Especially do I object to the word "sure" in connection with any sort of an investment. Furthermore, I wish to state that I would no more turn over my savings to Dr. Feldman's company than I would to the dentist across the hall whom I have known for years and whose honesty I have never once questioned, without first making a personal and searching investigation of the interests they sought to

promote, and for this reason: I do not know how little or how much actual knowledge either of them might possess regarding the worth, the fitness or the honesty of purpose of the men who now, or who will, eventually, control the organization. Such knowledge is vital to the man or the woman who is seeking to invest his or her savings.

I hope that I shall not be misunderstood when I say that a mere acquiscence to an invitation to "mail your check" or "sign on the dotted line" received from anyone, without first making such searching investigation has already resulted in a tremendous loss to the dental profession, and is nothing more nor less than the acme of poor business methods.

Just as the value of field artillery is determined by the skill and the lovalty of the men behind the guns, so is the success of building and loan associations determined by the men who control them, and to the dentist seeking an investment, the mere information contained in a brochure is practically val-

Building and loan associations are, briefly, usually incorporated joint-stock companies, their original aim being to aid their members and others, to build homes, the capital being subscribed by the organizers and other stockholders. They have as a rule, when properly managed, been productive of good earnings for the stockholders, have encouraged thrift, have promoted the saving habit among persons who were not prone to save otherwise, and have enabled persons of small means to own their own homes eventually.

Such associations have in fact been one of our outstanding financial organizations for many years past, and catering, as they have, to the man of little means, they have served a most useful purpose. They are governed by state laws and are subjected to periodical examinations by state officials.

Still, for all of this, when viewed from the standpoint of a safe investment, they are not infallible, nor can they, by any stretch of the imagination, be recommended as safe, sane, sure, or productive of old-age

comforts.

In his zeal for the "New Jersey plan," and his desire to promote thrift among his fellow practitioners, Dr. Feldman has, it would appear, overlooked any possible or probable chance of loss to investors in such securities. If he had given the subject the thought and the consideration to which it is entitled, the writer feels certain that he would not have made use of such convincing terms.

Granting that the "New Jersev plan" is all that it is purported to be and that the men who control its destinies "at no pay" (a condition which cannot long continue providing the organization ever attains to any proportions) are all that they should be, the fact remains that at any time the directorate may change, which incident alone might give the organization an altogether different face from the standpoint of a safe investment. Just how much a change in the directorate of a concern may influence the safety of an investment has been rather forcefully brought to the attention of the writer through an incident of which I will make use further to elicidate my point.

In a certain western city a building and loan association was organized. Its beginning was a tremendous success. The board of directors was made up of men for the most part of unquestionable integrity and of wide business experience. They were men of wide influence who would naturally draw from their friends and associates a tremendous patronage.

To illustrate concretely what is meant by patronage, I will point out that one of the directors was a high official in the city's public schools, and it was said that fifty per cent of the teachers in the schools, relying on his integrity and acumen, purchased stock in the concern with their savings. In fact a survey in the directorate indicated in their selection the

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Mi writing pende article and I length misuse ization are n workings of a master mind. The association was of course under rigid state control and the stock was guaranteed to pay seven per cent.

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Finally, due to alleged speculations, it was said, in other organizations which were controlled by the same crowd, the association got in bad repute and to save a heavy loss to the holders of its stock it was taken over by another company which hopes, eventually, to make it pay out. In the investigation which followed it was revealed that a year or two before the trouble came, the original board of directors had resigned, and other men, who were probably more subservient to the power behind the throne, had been elected in their stead.

So far as the writer knows, this incident of the resignation of the directors was never announced in the press but their election to the directorate had been widely heralded for reasons which are obvious. All this time the gullible public had apparently no knowledge that the directorate had been changed and business with the concern continued to thrive. So much for "state control," and "sare" and "sure."

Mr. William A. McGarry, writing in the Dearborn Independent, of March 13th, in an article entitled "Some Building and Loan Pitfalls," discusses at length the possibilities of the misuse of funds in such organizations. He states that there are nine million stock-holders

in such organizations in this country. He warns investors that a stockholder is not only responsible for the debts of the company, but is liable, personally, for the acts of the board of directors.

His article deals particularly with conditions existing in building and loan associations in the city of Philadelphia where it is stated that seventeen such organizations were wrecked. "The fact is," he says, "that most of the wrecked companies were deliberately organized for speculative and more sinister purposes of the men (twelve of them) who are now in jail."

It is a fascinating and educational article to the person who contemplates investing his savings in such a concern and is well worth reading, emphasizing as it does the "pitfalls" which await the unwary.

It is not the purpose of this article to advise anyone how he should invest his savings. Such advice, in the opinion of the writer, is obviously dangerous, and it is a strange circumstance that distant fields almost always are made to look the most alluring. However home securities offer as good opportunities for investment as do those in more distant places, and besides they give the investor an opportunity to study conditions, demands, and men, which is most vital when we intrust our money to others for their handling.

No organization is one whit safer or more successful than the men who control its des-

If those in control prove to be as crooked as they appear to have been in the article above referred to, no state law can make them straight until at least a part of their ends have been accomplished, and the members of the dental profession should have long ago outgrown the habit of sending their checks for investment, upon the request of anyone.

Without casting any reflections upon the "New Jersey plan" or questioning the honesty of purpose which impelled Dr. Feldman to present his case, the writer feels that in view of certain knowledge which he possesses, it is his opinion that building and loan associations are at this time being rather widely, and in some instances, wildly promoted, for the benefit of the promoters.

Reciprocity Wins in Kansas Straw-Vote

Editor ORAL HYGIENE:

In a recent straw vote taken of the dentists in Kansas by H. M. Steever, D.D.S., and Lloyd Hill, D.D.S., Kansas goes over the top strong in favor of reciprocity.

Early 1925 dental registry shows Kansas to have

about 1,050 dentists.

Below is the final result:

Out of 825 ballots returned:

822 For Reciprocity.

3 Against Reciprocity.

We believe this to be the first straw vote ever taken in the United States regarding this great question, and we wish to thank the dentists of Kansas for the interest taken, and for the many kind letters and notes received. We have been well paid for our effort.

H. M. STEEVER, D.D.S. LLOYD HILL, D.D.S.

Goodland, Kansas.



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*Septe 1659.

CHARLE CONTRACTOR

Dr. Kells Replies to Drs. Rhein and Noyes

"This world would be tiresome; we'd all get the blues If all the folks in it held just the same views; So finish your work; show the best of your skill, Some folks won't like it, but other folks will."

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OSH! What next I wonder! Some men are satisfied with preventive dentistry, others with pro-

phylactic dentistry, but not so with Brother Rhein. He comes back at me in a kind of "mixed doubles" (as they say in tennis), in the September ORAL HYGIENE. Preventive Prophylactic Dentistry is his!*

As no one had "picked on" me for a month or two, I was beginning to breathe easier in Atlantic City where I had gone to spend a couple of weeks after the Congress, and was just begining to have a nice time when "old Mass" gives me an advance copy of Oral Hygiene for September, and then my "name was mud," because "lo and beholes!" as Uncle Remus would say, there was Brother

Rhein, "big as life and twice as natural," "picking on" me.

And Brother Rhein, of all men! What a rude awakening from my pleasant dreams, for you know when Brother Rhein gets after you, it is "good night."

Brother Rhein jumps into the ring and onto me with both feet, but am I sorry? Not a bit of it, in fact I am quite glad, and now I'll tell you why.

You see, no one had ever been able to produce for me "a concrete example of preventive dentistry" that was not pure unadulterated dentistry itself, twenty-four karat fine and as practiced since the year one. So as long as no one could do this, I still contended that there was "no such animal" as preventive dentistry.

Now it is different. Brother Rhein has, much to my surprise, positively produced for me a "concrete example of preventive

^{*}September 1926 ORAL HYGIENE, Page 1659.

dentistry," which certainly is not real dentistry; all right. It is not even near-dentistry. It is removed about a million miles from dentistry as you shall see. Yes, Dr. Rhein has settled this vexed question not only for me, but for all peoples and for all time and I'll bet that Brother McGill and Sister Jordon will be mighty thankful for his coming to their rescue, as they could not furnish the examples, hard as they did try.

Some folks might question Brother Rhein's findings in the case, but I suppose he knows, so we will have to change our preconceived ideas upon the subject and accept his, and thus have the question settled. But it does come hard. Dr. Rhein

says:

My definition of preventive dentistry would be the employment of any means which insures (italics mine) a healthy mouth with healthy teeth . . . A proper understanding and carrying out of pre-natal diet by the mother can truly be said to be the great foundation of preventive dentistry. (Italics mine.)

Could There you have it. anything be clearer? means which insures a healthy mouth with healthy teeth is preventive dentistry."

Prescribing this diet is practicing preventive dentistry! Ye Gods and little fishes!

next I wonder!

Thus we have learned from Brother Rhein that the mother alone is responsible for the condition of the new-born babe.

This is new, to me at least, because up to this moment I

had always been under the illusion that the state of the health. mental condition, etc., of the father had a very great deal to do with the condition of the child.

It "sure is" good to learn that upon the very "foundation of preventive dentistry" alone -that is (according to Brother Rhein) the diet of the mother -the condition of the child depends.

Both the father and the mother may be syphilitic to the Nth degree; they may both be in the last stages of tuberculosis; just feed the woman correctly, and the child will be insured gooth teeth. Surely that's something worth knowing.

However, when Brother Rhein tells us so clearly just exactly what preventive dentistry that P is, he steers us right out into the rapids and wrecks us on the

rocks.

Prescribing a pre-natal diet for the mother, the "foundation of preventive dentistry" is absolutely without the province of the dentist. This diet can only be prescribed by her physician; never by her dentist, and each ever s woman becomes a law unto herself, as far as diet is concerned, and a law that no dentist is in a position to interpret.

Her dentist has no more right to prescribe this diet (of which the can not possibly know any before T thing) than the physician has no 1870. Register.
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dentist knows The nothing about the diet, the physician knows nothing about the teeth.

And so we have learned what preventive dentistry is, only to discover that no dentist can

practice it.

Brother Rhein starts out with the voluntary information that he is the "father of preventive dentistry," and also straightway informs us that he, in 1882, introduced the word "prophylactic" not as a noun but as an adjective. Those sure are some remarkable claims coming at this late day and one would nat-"How did he get urally ask, that way?"

Possibly our good friend Rhein means that he is the step-Brother father of "Preventive Dentistry," because he should know dentistry that Professor Andrew McLain out into of the New Orleans Dental College (and whom I, as a boy, tal diet knew very well) wrote a paper -"Prophylaxis or Prevention indation of Dental Decay,"† (that is of Dental Decay,"† (that is preventive dentistry of course) way back in 1870, undoubtedly some years before Dr. Rhein ever started upon his dental education.

I do not recall just when Dr.

I do not recall just when Dr. ncerned, McLain died, but probably it was before 1882, and thus Dr. Rhein could easily have become

the step-father of Dr. McLain's progeny. Now that takes care of "preventive dentistry" and its ancestors-with an accent on the ors.

Then, as I said before, in the same breath friend Rhein said: "In 1882 I introduced the word 'prophylactic' not as a noun but as an adjective." One would naturally ask Dr. Rhein, "To whom, in the year 1882, did you introduce this word?" Surely not to the dental profession, because the dental profession and this adjective had been on speaking terms ever since 1871 (or eleven years before), when Dr. Robert Arthur wrote of the "Prophylactic Measures for Prevention of Decay." ‡ (And this adjective, if you must know, was introduced into medical literature in 1574).§ Therefore it is that we naturally ask to whom Dr. Rhein introduced that word in 1882.

In the same paragraph we read: "The word" (prophylactic he is talking about) "first saw the light of a printed page in my article . . . published in 1884." Again I say: Where did Brother Rhein get that big idea? I have shown that Dr. Arthur had used it in 1871, and it was not new to Dr. Arthur, having been used, as I have also shown, since 1574.

I often thank my stars that I have such a "lovable" disposition, as Brother Rhein recognizes, and so when I become an easy mark for those who like to "pick on me," I don't mind it at all. Some fellows with dispo-

f which t"Prophylaxis or Prevention of Den-al Decay," by Andrew McLain, read ow any. before The Southern Dental Association in 1870. Published in The Dental

nian has Register.

1 the and dental has remarks, reports Dr. Arthur's work.

1 The port of Ohio Dental Society, Date of the memory 1871, wherein Dr. J. Taft, in the semants, reports Dr. Arthur's work.

1 Dental Office and Laborating Authority for this is: The Merian Company, publishers of the Webster Dictionary.

sitions not so "lovable" would get mad and would try to make it hot for his critics, but not so with me, I am just too good natured for anything.

So now, having been convinced by Brother Rhein that feeding the mother is preventive dentistry, and as feeding the

mother is outside of my line. I am at last through with preventive dentistry (and I'll bet everybody is glad). Still I think it was rather interesting while it lasted.

Preventive Dentistry-Requiescent en pace—as they "say it with tombstones."

Dr. Kells' Reply to Dr. Noyes



O, my good friend Noyes, I did not write "Facts and Fancies"* with the "apparent purpose

to discredit the doctrine of 'Extension for Prevention'," was its real purpose to discredit the doctrine of extension for prevention either. I regret that my article was not sufficiently clear as to its purpose.

My real purpose was to call the attention of the profession in general, and the younger men in particular, to the fact that modern fillings, as inserted upon the Black theories, are not, as a rule, a success, and you, Dr. Noyes, in your criticism of my paper, have but unconsciously helped my argument.

You state the very crux of the argument when you say: "No man should extend a cavity for prevention unless he can make a good operation, for a bad operation will only extend the area of liability." I agree with you to a dot.

You thus naturally divide our operators into three groups.

Group 1. These members are few and far between. It includes men like yourself who can make a "good operation."

Group 2. The predominating class. These men cannot make a "good operation" of complex cavities, but, unfortunately, do not recognize their limitations, and w

Group 3. A smaller group to find? which I belong. We cannot make a perfectly "good opera- such te tion" of these extensive cavities, tively and we recognize that fact and eight or don't try.

Thus you see that you, yourself, have explained to us just for one exactly why modern complex Dr. Cus inlays are, as I said, not a suc-tions, b

To quote again from your criticism: "The greatest trouble with the dental profession is that too many men are unwilling or unable to make good operations."

Again I agree absolutely with Denver you, my good friend, but when issue. it comes to the completed unsatisfactory filling, it really does not make much difference to the patient, who suffers therefrom, whether the dentist was "un-

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^{*}ORAL HYGIENE, July 1926, page 1259.

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willing or unable"-the result is the same-and there you are. Again you explain why these fillings of which I complain are not a success. You see it is not the theory which is at fault, it is the conditions obtaining and the operators-that's what I contend.

I would ask my readers to look over their patients who call during the next month and note the number of "thirty-year olds" who had the proximal and occlusal surfaces of their first molars cut out (upon the Black lines) and filled with gold. when they were eight or ten years old, and find these fillings still good and going strong. Will you do this "dear readers," ations, and write me how many you

cannot On the other hand, look at opera-such teeth that were conserva-avities, tively treated at the age of ct and eight or ten, and note their condition now.

Of course it would not do s just for one like myself to criticise mplex Dr. Cushing's examination quesa suc- tions, but we all know that his

very first premise is wrong. Under some circumstances, we now know that it is not always necessary to remove all decay from a cavity, provided of course the layer of decay left in is properly taken care of by a suitable capping material over which the amalgam or gold is placed.

Taking it all in all, it would seem to me that, as I said before, with all the limitations you, Dr. Noves, have placed upon the operation of extension for prevention, you have rather

helped my side of the cause than otherwise, and so I thank you for your assistance. We need all the good men we can get to combat this theory and overcome this deplorable fact that "too many men are unwilling or unable to make good operations," and don't forget that the "long suit" of these men of which you speak is working along the lines of extension for prevention.

I thank you, Dr. Noyes, for your assistance in my argument.

Dr. Smedley Passes

As this Oral Hygiene goes to press, news comes of the death on October 28th of Dr. William P. Smedley, of with Denver, a tribute to whom appeared in the November





Mississippi's Mouth Hygiene Program

By GLADYS EYRICH

State Supervisor, Mouth Hygiene, Tupelo, Miss.



T IS with some trepidation that I attempt to speak to you: I, a lay worker.

There are two facts that give me courage. The first is that thirteen years' work along health lines, among public school children has given me a growing knowledge of their needs. The second is, that unless the physicians of the state have a sympathetic understanding of the aims of the Mouth Hygiene Program, together with a conviction that the sowing of seed in this particular field is peculiarly their job, then the harvest of good mouths in Mississippi must remain a meager one.

Quoting in part from an article recently published:

"The mission of our program is to spread the gospel of mouth hygiene among the public. Their knowledge is limited and their indifference is unlimited. Their ignorance and inertia on the subject undermine and greatly impair their life, health and happiness. The ultimate goal is a state peopled with men and women possessing sound teeth of their own all their lives long.

When we realize that most human ailments originate from and are directly traceable to ignorance of mouth hygiene and dental prophylaxis; when we realize that a great majority of our children are doomed to a life of plates, bridges and other artificial substitutes for Nature's gift of pearly, white, healthy teeth, due to ignorance of the proper bone-building foods for expectant mothers; when we realize that during the period of one year, only 40 million toothbrushes are bought by over 110 million people—then we know that our program merits the support of every intelligent man and woman, and surely every physician, in order to bring about its realization."

Our Plan

This program is educational Since it is easier to educate the child than the adult, emphasis is placed upon the child's mouth Three objectives in Mississipp mouth hygiene are:

To save the teeth of children now.

To establish the habit of clean teeth in children.

3. To build a more desirable kind of teeth.

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1. To save the teeth of children now, we have yearly dental examinations in the schools, and follow-up corrective work. These examinations are made by volunteer work of the dentists and health units co-operating with the schools. The follow-up letters furnished by the division are sent out by the teachers or health unit and where 100 per cent campaigns are carried on, the credit is usually due the teachers.

During this school term there have been examined and reported 2,000 negroes and 24,000 white children, making a total, 26,000, examined, of which number 30 per cent needed no dental attention. The percentage is this large, due to the fact that several places in the twentyseven counties reporting have been doing this dental work for years, and where this examination is persistently followed the percentage of good mouths increases each year; for instance, an examination was made in Natchez last April and another this October, showing an increase of 23 per cent good mouths.

In Jackson when the dental examination was made about twelve years ago, there were two good mouths in the largest school. Five years ago, five schools were examined, the averages being 12, 14, 25, 36, and the highest 50 per cent who did not need dental attention. This year in seven schools in Jackson the lowest average was fifty per cent and the highest was a

school of 426 pupils who did not need a dental examination because by the tenth of October, each one of them held a dental certificate. For two years this school has made this record.

A new educational factor entered the Mouth Hygiene field a few years ago in the profession of the Dental Hygienist. The hygienist has special training at one of ten schools in the United States, preparing her to supplement the dentist's work much as the nurse supplements the physician's. She is trained to do prophylactic work, to teach nutrition as related to teeth and to teach the general care of the We have at present mouth. four employed in the state: two in the schools of Laurel, one in McComb, and one with the Hinds County Health Unit. The Division of Mouth Hygiene looks forward to a time when there will be one associated with every health unit in the state.

2. To establish the habit of clean teeth in children, we use charts, stars and other devices for checking the morning and night brushing daily. Each one of the stars on our chart represents one brushing, a shield is to indicate fourteen placed brushings during the week, and a flag to show 60 brushings during the month. Of course, if the children are to brush their teeth, then we must make it possible for them to get a good, cheap brush.

The Metropolitan Life Insurance Company has done that for us, and these brushes having the three desirable qualities of a good brush are sold through the Division of Mouth Hygiene for ten cents each, no one receiving a profit. The three desirable qualities are: a small brush, with the bristles in clumps that are far apart so that it may be more easily cleansed and with a saw-shaped edge which will the more readily go down in the spaces between the teeth.

3. To build a more desirable kind of teeth is the most important and the hardest objective. I need not mention to you that it must be done through the proper diet of mothers and children. In talks to children a poster has been used in a way which encourages them to bring out the facts stated thereon, adding to them from their own knowledge. Most of the children know that milk, vegetables, fruit, eggs and cereals are the foods which they should eat, and they learn that "all the foods that grow in the ground, make bones and teeth that are hard and sound." For mothers, twenty thousand little folders have been distributed this fall and the Parent-Teacher Magazine is assisting monthly by carrying short, easily read paragraphs, this one appearing in the next issue:

Teaching Children to Eat Wholesome Foods*

1. Begin from babyhood to cultivate a taste for important foods.

2. Parents must eat cheerfully all foods that the child should have.

 Never talk of food dislikes; children will imitate those dislikes.

4. Serve only palatable, fresh, and properly cooked foods.

5. Give a new food as one that the child is now big enough to have.

6. Keep diet simple; few sweets; few foods of too dis-

tinctive flavor.

7. Use authority if necessary. But, the development of a real liking by the other six methods is far better.

A notional appetite can be more easily corrected in a nutrition class.

Absolutely Avoid

Pies and rich pastry.
Excess of candy and sweets.
Excessive use of condiments.
All fried foods.
Pancackes.
Tea and coffee.

These Are a Positive Detriment to the Health

But, doctors, this is the part of the Mouth Hygiene program of which I spoke when I said that unless you will give your aid, that program must always be crippled. This is your field. You have the care of the expectant mother and you also have charge of the child at least five years before the dentist and teacher can reach him. Not only is this true, but you have the respectful and attentive ear of many people to whom your

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word is the law and the gospel.

To kill a health idea among those families you attend, it is only necessary that you scoff. So. I say to you in all seriousness, that you, and not the forty-two dentists in these eleven counties, are responsible for the teeth of the people in your communities. Unless you will explain to the expectant mother that her child's teeth are formed from the foods she eats, and that unless she eats bone building foods in sufficient quantities, and stress what these bone-building foods are, that her child and her body will suffer in consequence, the efforts of the Division in this direction are lost.

How to Help

That these efforts may be fruitful, I am asking of you, as leading citizens and as authorities on health, to do the follow-

ing things:

1. Not only to preach clean mouths, but to practice what you preach by being yourselves very punctilious about the character and care of your toothbrush, brushing your teeth always after eating and seeing that the members of your family do likewise.

2. That you unfailingly instruct each expectant mother and mothers of small children at each visit in office or home, in regard to the importance of milk, vegetables, fruits and cereals in the diet of mother and child, and see that your table holds these foods, excluding tea and coffee from the child's diet.

3. That you see that the members of your family have a yearly physical examination and a semi-annual dental examination, including the child of two, and advise these preventive measures among the families for whose health you are responsible.

4. And last, that you, as coworkers, recognize the new ideal in the allied profession of dentistry-that ideal which seeks to build teeth that are so strong and so sound that they cannot decay. That recognizing this ideal, you hold a sympathetic attitude towards dental examinations in schools, supporting them by advising parents to care for the child's deciduous teeth as well as the permanent ones and always each year sending your child to school on the opening day with a dental certificate.

I mention these things because physicians are busy men, and seem to work on the assumption that their families do not need the physical inspection and follow-up for which other families pay. In Jackson last year, out of 2200 school children 22 failed to get their dental certificates. One was a moron, several were country children who went back and forth on the bus and there never seemed time to get them to the dentist's office, and several were afraid and stubborn. In this class there was a prominent physician's son -the only child in his room the entire year who did not have his dental work done. His father told me that the boy's

mother couldn't control him and he might take him sometime.

Example for Other States

So, as in every other program, the matter comes back finally to the individual. As broadly educated professional leaders, yours is the greater opportunity and responsibility and I ask you to lend your support to the Mississippi Mouth Hygiene program which, because of its economy of operation, enlistment of volunteer workers, and 100 per cent correction of dental defects is known the country over and incorporated into the programs of Pennsylvania and Minnesota and Atlanta, Give the Division your constructive suggestions and your aid in the

field. Help our Mouth Hygiene Program-vours and mine -so that the remark one little boy made in Tackson could be made by all little boys in Mississippi. He came to us from another place, undernourished. with diseased tonsils and defective teeth. His tonsils were removed, the teachers at school gave him a bottle of milk every day, and when I took him to the dentist and he returned happily with his dental certificate, he said: "I think you all must care more for boys here than they do where I came from." Isn't that reward enough? To create in the mind of one of these-God's heedless little acolytes - the thought that we, the grown-ups of Mississippi, care?

From Florida

Editor ORAL HYGIENE:

Personally, let me thank you for your appeal for help for the Florida victims of the hurricane. Your money can be used to advantage. But remember that though stricken and numb from this

awful thing, I am sure the dentists did their bit.

Personally, I treated teeth, sewed up legs, arms, and bandaged the injured and I think all the boys did the same. We are hard hit, but we have the old fighting spirit that helps Americans win. Again, thanks for thinking of us in an hour of need.—H. W. Stephenson, D.D.S., Fort Lauderdale, Florida.

For the Kids

ORAL HYGIENE recently received a copy of "The Book Shelf for Boys and Girls" published by R. R. Bowker Company, 62 West 45th Street, New York. This is an admirable little publication and will afford dentists a splendid opportunity of choosing suitable Christmas books for children. It will likely also appeal to dental hygienists for the same reason. R. R. Bowker Company offer copies free upon request.

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Combating Tuberculosis



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REVENTION of sickness is our modern medicine. Nowadays we go to address to keep of our

from getting sick. One of our best medicines to prevent sick-

ness is exercise.

The National Tuberculosis Association advocates exercise as one help toward conquering tuberculosis. This disease does not attack a healthy, well functioning body.

Everyone may not be fortunate enough to belong to a golf club and get in an afternoon or more of exercise weekly on the links. We may not all have access to a gymnasium, to a tennis court, or swimming pool.

Nearly every one has, however, his two good legs and enough money to buy a sensible pair of shoes and can walk at least a mile or two daily.

These cool crisp fall days lure one out of doors and there is no tonic in the world that can keep one more fit than a good brisk walk. But it must be brisk to do any good.

With this muscular exercise, will come better circulation of blood, better respiration and better functioning of skin, intestines and kidneys.

The National Tuberculosis Association and its affiliated

state and local associations believe that one good way to get the best of tuberculosis and other diseases is to have a thorough overhauling of the body by an expert physician at regular intervals.

The work of these associations fighting for your health is financed by the annual sale of the penny Christmas seals in

December.

Five million dollars is to be raised in the last five weeks of 1926 to fight tuberculosis. What a tremendous undertak-

ing this must be?

At least 150,000 people, it is estimated, will volunteer part or all of their time during this period. They are drawn from every walk of life. Perhaps a dentist in Ohio acts as treasurer; the governor of Pennsylvania endorses the work in a proclamation; while hundreds of school teachers in different communities take charge of the sale in their districts. The list of local workers is often a register of the public spirited people of the locality. They know no creed or race because they are working toward one great cause.

In 1925 they raised four and one-half million. It is not too much to expect 150,000 volunteers to raise five million dollars in 1926.

The Renaissancof

By ALONZO MILTON NODINE, D.D.S. (N. Y. Univ.), L.D.S.R.C.S. (Eng.)

(Continued from November number)

PART II



HE same objections of expense also and the fancied insufficiency of recruits has a l w a y s been

raised as a bugaboo whenever the need has been pointed out for increased standards whenever additional requirements of professional education have been suggested. But it may be shown that despite the fact that medical education costs more and the requirements are greater than dental education there are still two to three times the number of medical practitioners as there are dental practioners.

Is it unreasonable to believe that with the readjustment of medical professional education now in process, and were dentistry or stomatology given the same position of confidence and esteem that other medical specialties have, that an appreciable number of men would not choose stomatology or dentistry when placed upon a medical foundation?

Should this prove to be the case the needs of the public would not suffer so far as restorative dentistry and reparative dentistry are concerned.

Can it be contended that the

needs of the public for this type of dentistry have ever been met, are being met or ever will be met with the present system of anomous professional education or under any system of social reorganization?

And the reason that it can not be met is the economic factor alone. The cost of reparative and restorative dentistry is so high and takes so much time that the needs of vast majority have not, are not, and never will be satisfied. This presents what may appear to be an insurmountable obstacle to the acceptance of the stomatological program. But is it unreasonable to believe that under a more scientific organization and a properly adjusted and arranged system of professional medical education of stomatologists that scientific research and experimentation would not evolve some scheme of preventing those ravages of dental decay, pyorrhea and oral foci of infection with which, under the present system and autonomous control, dentistry has proved it is unable to cope-either from a mechanical standpoint or any other standpoint?

There is sufficient evidence at the present time in existence produced by men who have studied this problem—to suggest, that the problem of preAgai in the ly que ogistical This not place

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Does any dental surgeon believe that he would have his mechanical ability impaired by the possession of a basic medical education and training?

venting the disease, which mechanical restoration or repair cannot cure, is reasonably possible of solution. And this is the step that dentistry or stomatology will take next in the march of preventive medicine. We approach the time of Being Born Anew and Land of Beginning Again.

The second objection is stated in the following way. Medically qualified dentists or stomatologists are per se poor mechanical and technical craftsmen. This objection, as stated, will not hold water. In the first place we know that the great bulk of restorative and reparative work with which patients are furnished is not the work of dental surgeons at all!

It is the work of dental mechanics and dental technicians! Further we know that the average restoration and replacement as now furnished by trained graduate dental surgeons, grad-

uates of the best dental schools and dental hospitals are compaatively speaking absolute failures.

They are failures from the standpoint of curing or preventing dental disease and failures from the standpoint of mechanical principles. These failures are due, it may be demonstrated, to the fact that the restoration or replacement is both unsound in conception and faulty in execution. We are compelled to admit that the dental surgeon is responsible to some extent for the conception of the restoration or replacement but the execution of the mechanical details and often the whole mechanical conception is placed in the hands of mechanics and technicians who have never operated upon living tissue, unable to appreciate the results of their craftsmanship except from the mechanical and technical standpoints and even this point of view may be defective for few mechanical

dentists or technicians are trained mechanics or technicians in the usually understood meanings and conceptions of these terms, and, further, seldom do they see the patient upon whose living tissues these mechanical productions are designed to rest!

No claim is made that the medical degree or a basic medical training and education will necessarily endow the recipient with a greater or more exact conception of mechanical principles or will it necessarily confer on him a skill in technical craftsmanship. But it will do one thing, it is confidently held, it will give him a broader prospect from which to view these mechanical productions and a better conception of the results of their application to living tissue.

Not for one moment is mechanical skill or technical expertness deprecated because attention is focused on these to their detriment, the point is that the focus is so adjusted because on the one hand the average is neither skillful nor expert. And on the other, however skillful or expert these mechanical productions may be, unless conceived with some considerable knowledge and appreciation of their application to, their action on, and the reaction of living tissue to them, the desire for success is defeated first by elements of chance, instead of being reasonably assured by calculated knowledge, and second, economic necessity.

Does any dental surgeon believe that he would have his mechanical ability impaired by the possession of a basic medical education and training?

Were the physicians who practiced dentistry for thousands of years less capable in comparison with the state of knowledge of their time than the dental surgeons of today?

"The more a dentist knows about medical principles and medical practice the better he will serve his patients." If this be true, and it is not unreasonable to believe it is true, why will it be less true did he possess the basic medical education?

"Shall dental operative procedures be empirically mechanically or rationally scientific?" asks the Editor of *The Dental* Gosmos.

Is the spectacle maker—the optician—a better opthomologist than the medically qualified occulist?

Is the maker of artificial limbs, braces and appliances a better orthopedic surgeon than the orthopedic surgeon with the medical qualification?

No thoughtful person will contend that he is.

That there are unskillful men with the medical qualification it is conceded. But the Editor of The Dental Cosmos tells us that he reviewed "an exhibition of attempts at saving and restoration of some several thousands of teeth with the aid of amalgam. It was indeed a sad commentary on operative dentistry as it is evidently practiced by the so-called average dentist. The percentages of successes in these thousands of

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cases was so small as to be almost negligible." The exhibit determined "that the large majority of operators who insert fillings were not only unqualified to practice dentistry, but their conception of the objects of operative dentistry was defective in direct ratio to their successes as shown by the exhibit."

Webster states that 30,000 root canal fillings were examined and not 3 per cent of the canals in molars and bicuspids were opened to the apex and filled.

Hughes of California examined 2,000 radiograms of teeth having porcelain crowns in place and 950 had demonstrable apical abscesses.

What percentage of cast gold inlays reaching to cervical margins are successes from the standpoint of correct anatomical reproduction, mechanical retention or prevention of decay and preservation of the tooth, examined by the writer, is comparatively small. The balance are failures from one, several, or all standpoints.

At the Mayo clinic 87 per cent of the patients had infected teeth and 80 per cent had pyorrhea! And yet most of these patients were patients of graduate dental surgeons! It is neither claimed that dental surgeons are responsible for all these percentages, nor is it believed that dentistry, as practiced by the average dental surgeon is not responsible for a considerable percentage of these cases. On the one hand it is believed to be a case of

commission and on the other a case of omission.

Bumpus declares that at the age of twenty-five one quarter of the human race have septic mouths, nine-tenths have septic mouths at the age of forty-five, and all have septic mouths at the age of fifty. As the result of nearly a quarter century's experience and observation in Europe and America and thirteen years' examination of patients with the x-ray and from personal experience at the hands of reputable, experienced dental surgeons in America and American dental surgeons in Europe, he is convinced that this estimate is not wide of the mark and further dental surgeons themselves are responsible for a certain percentage of these cases both in the operative surgical and prosthetic fields.

Pyorrhea experts declare that the vast majority of patients having pyorrhea are not diagnosed, and of those that are diagnosed a considerable percentage are not treated, and of those treated the treatment is in most instances a failure.

Prosthetic specialists claim that the average partial denture is a greater detriment to sound teeth than would be the failure to restore the lost ones.

Removable bridge experts assert that fixed bridgework is a detriment and a failure. And fixed bridgework champions assert with equal emphasis that removable bridgework is not the success claimed for it and that failure results both from the mechanical conception and from

the standpoint of its application to both living and dead foundations.

Impartial observers are convinced that both types have more failures that successes and that there will be some type of restoration conceived that will be an improvement on both.

In estimating the degree of failure the point is not lost to sight that a certain latitude is allowed, because these restorations are metallic, mechanical attempts to replace and restore living, organic, animal tissue, but the failure is estimated in terms of systemic, organic and local tissue health.

Boyd Gardner, Eusterman, Darling, Sniffen, Williams and King of London, Gelson of Paris, Stiven and my own x-ray examination find that more than 33 1-3 per cent of patients who have more than two or three teeth extracted by the pulling method have from one to a

dozen roots left in.

Molt, Burns, Novitzsky, Ivy, Gardner, Eusterman, Darling, Williams and King of London, and the writer, find in from 15 to 45 per cent of the patients examined who have had teeth removed by the pulling method that there is evidence of persistence of the infection even after the complete removal of the tooth.

Lucas, Reed and others declare that the resection of apically infected roots is a failure.

Shearer states almost onethird of the patients examined by him have a sharp knife-edge ridge of bone persisting after the removal of teeth which made difficult the wearing of a denture.

Wadsworth found that almost 25 per cent of the patients for whom he was called upon to make dentures had persisting infections, and that chief cause of failure properly to articulate lower dentures was the presence of infections in the jaw.

When the dental surgeon takes the stand that he does in regard to the medical qualifications and rejects and objects to the placing of dental profession upon a new basis—what reply can he make or what objection can he raise to those dental mechanics in some countries who are making an effort to be permitted to apply the results of this conception and craftsmanship to the patient?

They hold that if they are competent to construct the restoration which the dental surgeon inserts, in what respect are they more incompetent to insert the restorations they constructed than the dental surgeon, who like themselves, has not the medical point of view with which to judge the effect of

these restorations?

If we are to judge the prosthetic, restorative and reparative dentistry by the results and effects, if we are to judge them from the medical point of view or from the hygienic point of view or even from the standpoint of sound, sanitary mechanical restoration of function, any fairminded inspection will not, in the vast majority of cases, be able to decide whether

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will y of ether or not a dental surgeon or a dental mechanic conceived, executed or applied the restoration.

And in a not inconsiderable number of cases the responsibility for the results and workmanship are such that it could be safely shouldered by a

plumber.

The dental mechanic again asks: what special qualification does the dental surgeon possess which entitles him to take the impression but excludes the dental mechanic from taking the impression? Does not the same dental mechanic know that the whole conception and execution of the restoration in a majority of instances is his? Does he not know that all that the dental surgeon does is to take the impression and insert the restoration?

What answer can the dental surgeon in England give to the medical man or the dental mechanic when in the dental schools and hospitals in Great Britain the department of mechanical dentistry is in charge of, and the instruction is given not by dental surgeons, but by dental mechanics! If the dental mechanic is competent to instruct the dental surgeon in that department of dentistry which produces the largest part of the revenue for most dental practioners why is he incompetent, he inquires, to place in the patient's mouth the restoration he conceives and makes?

Because the writer asks the questions that he does is not to be taken as a brief for the dental mechanic.

But it is an indictment of the present methods of practice and the present competence of the dental surgeon, for which the present dental professional education is responsible.

If under the present system of professional education, training, instruction, the results of the dental surgeon's efforts are the failures that are suggested in the operative, prosthetic and surgical fields it is not impertinent to ask, in what department of dental practice is the average dental surgeon successful?

If out of the great silence nothing comes, is it not time, is there not the need to be born anew and start afresh upon some broader foundation?

In regard to surrendering the present autonomous position of the dental profession that is a human, understandable reluctance. We would like to inquire if this reluctance is the expression of the considered and calculated judgment of the profession as a unit in any one country? How can this be the case when organized dentistry is but the mouthpiece of but theminority of the profession in any country.

Let us pursue this inquiry a step further. Take any country you please and investigate who and what expresses the alleged reluctance of this organized minority.

What do we find? We find that it is the organized minority within the minority that is controlled by some individual who has his reluctance expressed by them for him or it is expressed by this individual for himself.

Since he and they are the products of the system that produced them, he and they have the same point of view, the same limitations of outlook, the same bias of judgment, the same conception of dentistry as a profession, as the institutions which the Renaissance plans to supercede. What answer can be found in the Land of Beginning Again which will satisfy this obiection? Will the achievement of the Being Born Anew confer greater preferment of position upon these individuals?

No, it will not. What can this achievement offer these individuals that will compensate them for their surrender? Nothing of a personal nature.

It offers nothing except that which will accrue to the whole profession as it is raised from position of independence to that of unity and participation in the medical profession of which it will form a part. We are told that this is a dream never to be realized! No, it is not a dream. It is an awakening to the realization of a practical ideal. Yet if it were but a dream it would still be the expressed hope released from subconscious minds where desire leads and logic propels the static thought to inevitable ends.

Those who find their chief objection to this Renaissance, to be their inability to see by what means or in what way the present dental surgeon will pass over the bridge of transition spanning the present with the

future, mistake conceded difficulties for impossibilities.

Because there are these conceded difficulties—plans have been made to overcome them. Were there no difficulties there would be no problem.

The problem presenting itself for solution is one of an educational or professional training character. How may the necessary professional training and education be obtained by those now practicing dentistry who want to practice as stomatologists?

Three possible and practical agencies are suggested for this purpose: first, medical schools; second, dental schools now under the administration of medical schools or universities; third, schools of stomatology affiliated with medical schools or colleges.

In these schools courses of study with lectures and practical laboratory and clinical work so adjusted as to be available for practicing dentists extending over two or three years and founded upon a well-considered scientific basic medical curriculum as would meet the best needs of the specialty of stomatology. At the completion of the course and passing of an examination a certificate or degree in stomatology would be granted or conferred signifying and entitling the possessor to practice the specialty of stomatology. Or a medical degree might be granted that would limit the possessor to the practice of stomatology.

It is realized that were such opportunities offered, there

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would be a large number who for many reasons would not avail themselves of this opportunity to acquire a higher professional training and standing. They would continue to practice as at present. Legislation could be enacted that would require that after a certain date those who desired to take up the study and practice of dentistry would be required to take such a course of study in basic medical subjects and which course of study would be equivalent to that required for the basic course of medicine for any other speciality of medicine, and then such a course of study in the specialty of stomatology, dentistry. It has been suggested that a practical course would be

years' stomatology or dentistry.
With a vision that is almost prophetic, the Editor of The Dental Cosmos in the July, 1914, number of The Dental

three years' medicine and two

Cosmos states:

"The M.D. degree that is coming and which we believe will in due course be held by future dentists, will represent a medical education adapted to the efficient practice of dentistry. Which means that the present medical curriculum will in the very nature of the circumstances have to be recognized with

reference to the many and constantly growing specialties of the science and art of healing, dentistry included." The adjustment and reorganization of the medical curriculum has, within a short time, received the attention of those interested in the improvement of medical education in several countries. adjustment and this reorganization has been formulated and formally stated so that the process may be inaugurated before it is realized that it is in operation.

Again an editorial in The Dental Cosmos, when the Editor was a member of the Faculties Association of the American Universities, points out and with which Flexner and others who have expressed themselves on the medical educational problem, find a substantial ground for agreement, "We have for years contended that the mere addition of subjects involving years of study without taking into account the usefulness and adaptability of such subjects to the ends of dental education, is economically and pedagogically unsound, wasteful of time and energy and money and not productive of the best educational results in the realm of dental service."

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Telling the People About Dentistry



VERY interesting and complete newspaper advertising campaign for the dental profession

was recently brought to ORAL HYGIENE'S attention.

Mr. Fred Starr of Norton-Starr, Inc., dental dealers of Syracuse, N. Y., told us about

The campaign had been running in the Syracuse Herald and attracted Fred Starr's attention. It is reported that the series was well received and has been oversubscribed in that locality.

The material was prepared by George F. Bough of Buffalo, N. Y. The idea behind the campaign is to acquaint the general public with the problems that confront the dentist and persuade the public promptly to meet their dental bills.

The campaign consists of ten pieces of copy attractively titled and laid out in such a way as quickly to catch the reader's eye. It tells what a humane fellow the dentist really is and that he tries to do all that he can to serve them and in the way that will be of most benefit to them.

We will give our reader's little "flashes" from each of the instalments.

Under the title of, "Why X-Ray Your Teeth?" the copy goes on in part to say, "the x-ray films will show cavities between the teeth which the dentist cannot always see with his mouth mirror. They will either show that the teeth appear to be live, healthy teeth, with normal conditions of the surrounding tissues, or they may show dead teeth in various degrees of infection, with abnormal conditions existing in the regions of the root.

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"All physicians and dentists agree, and you should agree also, that an infected tooth is a menace to the health of an individual; that teeth are responsible for many body ailments, such as rheumatism, chronic headaches, indigestion, etc."

Under the attractive heading of "Do Not Read This Article if You are in the Majority," the copy in part reads, "Go at least twice a year. Why suffer pain when all that is necessary is for you to give your dentist the opportunity to advise you in preventing trouble in your mouth, which in most cases leads to serious illness-the x-ray will tell the story."

Under the dramatic title "That Toothache at Two O'clock in the Morning," the



By All Means Know Your Dentist Better!

We are living in a fast age, spending millions upon mil-lions of dollars on temporary luxuries and pleasures giving very little attention to our health. These luxuries and pleasures receive more than their just due in dollars and cents. Give more attention to the health and care of your

Every year thousands of people-maybe you are one of them and do not know itwait for toothache or cavity to develop before visiting a dentist. By putting it off you are doing untold damage to your teeth, your mouth, your appearance and your health. Go to your Dentist at least twice a year!

bon't be afraid—he doesn't want to hurt you. He is more interested in the power of the power of the power of Go to him today or tomorrow and have him examine your teeth and gums. To keep them healthy is to prevent decay and disease.

PHONE YOUR DENTIST AND AN APPOINTMENT BECAUSE

IF YOU TREAT YOUR TEETH RIGHT NOW, THEY WON'T TREAT YOU FALSE LATER

Copyright, 1926, G. F. Bough, Syracuse, N. Y.

Suppose Your Dentist Said: "I'm Sorry, But I Cannot Do Your Work"

Your Dentist is a human being; ther fore he would not turn you down like that. Yes, you probably owe him for the last work and he knows it—so do

But your dentist is human. He is always ready and willing to give you his service—yet you make him wait longer for his money than you do any-

His refusal to stop that toothache would mean hours of torture to you. Yet, if you owe him money he would be justified in refusing you his service. But then again, your dentist is human.

You pay other bills because you have to—why not pay your dentist—you will have to sometime. True, there are a great many who appreciate their den-tist and "pay as they go." These peo-ple are conscientious and pay their bills promptly because it is right and not because of compulsion.

Pay your dentist—if you cannot pay all—pay him something. Tell him the circumstances. He is human, therefore he is reasonable.

Your dentist is reading this message also. Don't let him think you are dishonest. Drop in and let him know where you stand.

Copyright, 1926, G. F. Bough, Syracuse, N. Y.

copy pictures a patient rolling and tossing in bed with toothache. "What would you pay if only it stopped? A great deal, you'll agree.

"But in the morning your favorite dentist receives a call from you. Stop the toothache! Just because he is human, he does not charge you what he is entitled to for the few minutes' in you-pay him something." work. The service he rendered

is as great to the suffering individual as if he had spent hours on the patient.

"A dentist is the only one man you can go to to have that pain stopped. He is entitled to charge for that service." The article ends with, "As you read this article-your dentist is doing the same. Confirm his belief

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campaign we find, "Maybe you are like most patients and pay your dentist at the end of each appointment. Maybe you wait until the work is completed and pay him in part. Maybe you are one who kids him along and don't pay anything.

"Your dentist is human. His part in life is identical to yours. He has to eat, clothe himself and family and besides maintaining his home, he has to maintain suitable offices properly equipped to serve you."

A paragraph designed to be another reminder reads like this, "Be honest. Be honest with yourself and your dentist. If you owe him something go to him, as an honest man or woman, and pay him something."

 Mr. Bough has certainly obtained the dentist's point of view and has pictured little dramatic situations which are enacted in almost every dentist's

office each day.

"Trading in Dentists," this is really pretty good. "You have the privilege of changing dentists whenever you wish. You may have good reasons for doing so. But don't fool yourself. He knows why you made the change. Don't try to hide behind one dentist's bill when you are trying to contract another. Both the dismissed dentist and the newly engaged one know what you are doing. They immediately recognize your kind. Your dentist gives you a service when you need it. His knowledge, his experience and

his skill are always at your command."

Under the heading "Your Dentist, His Outgo Versus Income," the copy writer strikes at a phase of professional service to which the general public gives little or no consideration: 'Did you ever stop to think of the cost of a dental education? The thousands of days and nights he spent in endless study. The thousands of dollars expended in his college education and preliminary practice-and the thousands necessarily needed for office instruments and equipment, gold, silver, furniture, etc. ?"

"All these things are requirements and necessities to perfect and equip your dentist in order to render to you his professional service. A service that means little so far as time is concerned in stopping a toothache, but so far as service to the patient in alleviating a pain is concerned, it is unlimited.

This convi

This copy ends with, "Reminder. Do it now. Write out a check tonight. Your dentist is reading these articles, too. Be fair."

This heading, while not so attractive, may contain more truth than poetry, "Dentistry—a Tiring, Tedious Profession. Is it Worth it When People Neglect Their Bills?

"Your dentist is on his feet all day long with a few minutes off at noon for a light lunch. His work is trying, tedious and steady. He gives his best, in time, eyesight, health and abilFu have is a But y dentis lot ea

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and and in abilFurther on in the copy we have "Yes, it is worth it, but it is a real service to humanity. But you people who owe your dentist could make it a whole lot easier if you would pay your dentist what you owe.

"Think it over and play on the square. Encourage this splendid profession by paying your bills promptly. Let your dentist know that you appreciate his service to you, to your family and to all mankind."

The titles to a number of these instalments have been given just to show how well gotten up they are and little flashes from the copy so you can see how really close Mr. Bough has gotten to the subject.

This campaign has been received so well by the public that Mr. Bough is preparing a series on "Help and Care of Teeth."

The big idea is to instill in the minds of the public the advantages of seeing their dentists at least twice a year and the undesirable results to their teeth, their appearance and their health if they neglect to do so.

The old adage might apply here "That an ounce of prevention is worth a pound of cure," that if folks care for the little things the serious and more costly illnesses are not likely to develop.

This second series should prove as interesting and as beneficial to the profession as the first.

An Old Fable

Satan was thrown out of heaven. Half way in his descent he paused, bent his head in thought a moment, and at last went back.

"There is one favor I should like to ask," said he.
"Name it."

"Man, I understand, is about to be created. He will need

"Wretch! You his appointed adversary, charged from the dawn of eternity with hatred of his soul—you ask for the right to make his law?"

"Pardon; what I have to ask is that he be permitted to make them himself."

It was so orderd.

ED. Howe.

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The standard of the second of DEWITT C. BACON Presiding HART J. GOSLEE Toastmaster things but the accommonds a special and a fine of health of they needed to do see "Say it Personally—Not with Flowers" were "I hat an oance of prevenand to have a firm is not a spend of ture,

ron owe him something against they best works of the THE DENTAL HYGIENST Alfred C. Fones DISCUSSION G. Walter Dittmar DISCUSSION C. Edmund Kells

A Delightful Duty De Witt C. Bacon

DR. KELLS IN DENTISTRY Henry L. Banzhaf DR. KELLS IN THE EAST Merwin B. Massol DR. KELLS IN THE WEST

DR. KELLS IN THE NORTH

DR. KELLS IN THE SOUTH

Clarence O. Simpson

A BIT OF HISTORY OF THE ROENTGENOGRAM · Otto L. Schmidt

DR. KELLS IN HIS OWN HOME TOWN - Samuel H. McAfee DR. KELLS IN OUR OWN HOME TOWN - Donald M. Gallie

RESPONSE By the Guests of Honor

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IS seventieth birthday was a wonderful birthday for Eddie Kells of New Orleans.

On the evening of that day, October 21st, several hundred of his friends ascended to the 17th floor of the LaSalle Hotel in Chicago, and

there in the Grand Ball Room at a great banquet strove to honor the man who is so loved by his fellows that, at seventy, they still call him Eddie.

What a tribute that is to a man's own human traits! What an understanding it reveals of his mind and heart!

It's true enough that men are men—whether they be distinguished representatives of a great profession or just plain folks whose main achievement is keeping themselves clothed and fed.

But how often does the man who rises to eminence keep unspoiled his human qualities? Many such have the respect of their fellows. Only a few keep the love.

Human Eddie Kells!

"Gosh," said Eddie, fishing for a blue manuscript, "Here I've gone and forgot my speech and I'll have to read it and I reckon I've disgraced myself right in front of my wife."

And Mrs. Kells, sitting below the speaker's table, smiled happily, eyes glistening with pride and joy.

The celebration of Eddie's birthday was arranged by the Odontographic Society of Chicago, working with members of the New Orleans profession. Dr. Hart J. Goslee of Chicago bore the burden of program preparation, kept the multitude of details from tangling, then donned his tux to serve brilliantly as toastmaster.

"Say it personally—not with flowers" was the spirit of the gathering. But there were flowers, too, great banks of them!

Those beautiful flowers have perished now. But the flowers of ove and brotherhood are living still—flowers from God's own garden—those tributes of Eddie's friends.

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Editorials

REA PROCTOR McGEE, D.D.S., M.D., Editor

Manuscripts and letters to the Editor should be addressed to him at 514 Hollywood Security Bldg., Los Angeles, California. All business correspondence and routine editorial correspondence should be addressed to the Publica-tion Office of Oral Hygiene, Pittsburgh, Pennsylvania.

How Can You Tell?



DENTIFICATION of human beings, that is individual human beings, has long been an important problem not only of criminologists but of military authorities and the civil

courts.

The earliest system of recognition was that which we all use today—the memory of personal appearance—sound of the voice—color of eyes and hair—peculiarities of movement

and physical defects.

The Bertillion brothers, Jacques and Alphonse, who were French scientists and criminologists, developed the Bertillion system of measurement that became standard all over the world. The defects of this system prevented the deadly accuracy that is important for identification. There are so many people in the world that any system which is general must of necessity fit a small number of people rather than one person exclusively.

As a further development of the study of

different human characteristics the fingerprint system was evolved.

The theory in the finger print as developed by Francis Gelton in 1892 is that no two finger prints are exactly alike—as an example the print of the palmar surface of the tip of the right first finger would not be the same in any two of the several billion people who

inhabit the earth.

It is rather a large contract to prove that the little ridges on the tip of the first finger of the right hand are sufficiently different in every human being, living or dead, to iden-

tify the individual positively.

Then if all of this were true and some man was about to hang on circumstantial evidence and the real criminal had just had his right index finger chewed off, swallowed and digested by the police dog who chased him—then what?

If a body is found in a burned building the fingers and toes are almost sure to be charred—how then will identification be made?

The present system of finger-print comparison is almost entirely in the hands of police. There are probably some really well-trained experts of good education and scientific mind on the police forces of the country. We realize, however, that a police job is not one that ordinarily calls for any very extended education and the consequence is that finger-print experts are not always as expert as they should be.

There are few available finger-print readers in civil life.

In 1900 England adopted the finger-print system of Gelton for use in famous Scotland Yard and the use of this method of identification has spread over the world.

Of course, the finger-print idea is much older than Gelton's time. The Chinese were using a similar method as early as the Ming

dynasty.

The nineteenth century produced among other things the new science known as an

thropology, the study of man.

Man from the earliest times right up to tomorrow—what could be more fascinating —why do we look human? Why do we act human? Why are we moral? Why are we immoral? Why are we-law-abiding citizens—if any?

Why do people break the law; that is any

law except Andy Volstead's?

All of these questions are studied by the anthropologist. How may we be sure of hereditary rights? How may we be sure that the identity of a man, woman or child can be established?

How may we be sure of the identity of a criminal? All of these are serious questions. Many times a question of life and death. What could be more miserable than the living death of one who must forever be unable to prove his real name and station unless it be the person who suffers for the crime of another? The finger-print system is not en-

tirely satisfactory—in fact it sometimes fails
—what then?

One out of every two thousand people in the United States is expert in the observation of the teeth and mouth. Every person who must be identified either has teeth or hasn't teeth. If he has teeth, the teeth can be examined, counted, charted, modeled, and photographed, prints of teeth can be taken as easily as finger prints. The following newspaper article is of interest in this discussion:

Washington—Despite all the finger experts' bragging about the infallibility of their method of identification, J. Herbert Taylor of the identification division of the navy, is working out a new system.

When a recruit joins the navy his teeth are always thoroughly overhauled. After that the dentist sees them again at least once a year.

It is upon this dental record that Expert Taylor depends.

The teeth are numbered—1 to 32.

The dentist starts with tooth No. 1. In it he finds a red copper cement filling. A red copper cement filling has a numerical value—say 4096—which the dentist jots down.

Then he proceeds to tooth No. 2. It has a gold crown. The dentist jots down the number that goes with a gold crown—for instance 256.

As he makes the rounds of the patient's upper jaw he keeps on jotting down these numbers—a different number for each one of the numerous different kinds of fillings, for sound teeth and for missing ones, for all sorts of peculiarities and characteristics.

When he's through with the upper jaw the den-

tist adds his figures up, getting, as his result 65535, to illustrate.

Next he does the same thing with the lower jaw and gets a total, we'll say, of 74921.

He writes it down like this: 74921

That's just to serve as an index for the identifi-

cation expert.

A year later, the patient calls on the dentist again—a different one perhaps. The latter, however, as he does his work, brings the patient's dental chart up to date.

Subsequently a sailor is blown up in an explosion which mangles him beyond recognition.

The identification expert examines the victim's teeth, jotting down numbers, just as the dentist did. Next he foots up his figures and gets his totals. Turning to his filing cabinet, he takes out that card. Comparing his own record with this earlier one, he finds them identical.

"This is John Doe," he says.

Confusion is next to impossible, for there are more than five billion different combinations of figures. Even two men whose teeth are all sound would give different total, for every peculiarity in a sound as well as a damaged tooth has a number of its own, and of course no two sets of teeth are exactly alike.

Besides, as Expert Taylor points out, there are mighty few persons these times with 32 absolutely

sound teeth apiece.

Two men with no teeth at all might get mixed up, but by the time a man has his last tooth, it is extremely unlikely that he will remain in the naval service.

It is, of course, possible, though improbable, that more than one man might have the same record as to totals. There certainly would not be many of these duplications, however, and a comparison of the charts' details would quickly show which was which, for it is almost inconceivable that the arrangement, as well as the totals, of the numbers should be the same.

Expert Taylor does not expect his system to supplant finger prints, but he does believe it will prove

an invaluable supplement to the latter.

A dental identification is a matter of minutes, while an identification by finger prints sometimes is a matter of days. Having accomplished it by the former method, it can be verified by the latter without the necessity for an examination of perhaps thousands of prints.

To the Profession

Sixteen worthy members of the American Dental Association have been receiving monthly checks from the Christmas Relief Fund. Three of these colleagues whom you have thus aided have now

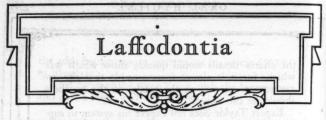
passed to the Great Beyond.

The Christmas Seals form a hand-clasp between the fortunate and the unfortunate among our members. Each year, these seals go out as a pleasant reminder that our Relief Fund is to be augmented for the benefit of those whose advancing years—or other disabilities—are rendering them incapable of self-maintenance, and whose sole support comes from outside aid.

Your cancelled check to the Relief Fund for \$1.00 or more will be your receipt.

Let's make this year's response "one hundred percent (100%) for Charity and Cheer."

Fraternally yours, HENRY L. BANZHAF, President OTTO U. KING, General Secretary



If you have a story that appeals to you as funny, send it in to the editor. He may print it—but he won't send it back.

"What's that girl doing with a tobacco pouch?"

"Tobacco pouch nothing! That's her bathing suit bag."

"There's my old man with another loaf of bread, and I'll bet there isn't a pint of whisky in the house."

"The new cook says she wants to be treated as one of the family."

"Good. Then we can tell her what we think of her."

BOOTLEGGER'S HORSE (seeing zebra in zoo): Lor', guv'nor, let's quit. There's one as was caught.

MAID: You know that old vase, mum, you said 'ad bin 'anded down from generation to generation?

MISTRESS (anxiously): Yes?
MAID: Well this generation 'as
dropped it.

M. D.: Your system is poisoned, you must get rid of your teeth!

PATIENT (very): All right, Doc. Throw 'em away, you'll find them under the pillow.

Man is but a worm. He comes along, wiggles about a bit, then some chicken gets him.

"So you're looking for a job in musical comedy?" inquired the theatrical manager. "What can you do?"

"I can sing," modestly replied the pretty applicant.

"Go on, girl! This ain't no church!"

WIFE: May I go out for the evening?

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HUSBAND: Yes, please.

Gus says: I saw two fellows talking the other day and they were trying to see which one could praise himself the most. It was merely a case of an I for an I.

"May I read your Palm Olive?"
"Not on your Life Buoy!"

"Then I am out of Lux!"

'This may hurt a little," said the absent-minded dentist as he changed to his niblick, "but it will be over in just a minute."

FATHER: Your new little brother

has just arrived.

VERY MODERN CHILD: Where did

he come from?

FATHER: From a far-away country.

V. M. C.: Another damned alien.

YONKERS: Do you believe in fairies?

Joisey: Naw! I takes the tube. It's quicker.

RELAX: For Heaven's sake, old man, what's the matter? Why, you're all broken up!

REFLUX: Oh, a chiropractor owed me five hundred dollars and I let him take it out in trade.

The acoustics of your hall are terrible!

Nonsense! It's the Chemistry Building next door that you smell

Sharp Knives without resharpening

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Y OU can eliminate the trouble of resharpening by using Bard - Parker knives. The price of a new, keen Bard-Parker blade is 12½ cents—just half the cost of resharpening the ordinary scalpel.

The user does not have to accustom himself to a new instrument. Bard-Parker handles are solid, maintaining the shape and balance of the one-piece scalpel. There are no springs, catches or hidden crevices to prevent complete sterilization.

The Bard-Parker knife is completely safe in operation. The blade forms a mechanical lock with the handle when in position. No amount of pressure in any direction will dislodge the blades while in use.

One No. 5 handle and one half-dozen each of Nos. 10, 11 and 12 blades, \$3.75

Our local Agent is our representative. If you want supplies or have a suggestion or complaint to make, he is there to wait on you for us.

It's Sharp

BARD-PARKER COMPANY, INC. 150 Lafayette Street, New York, N.Y.

Sal Hepatica

The Standard Saline

Laxative and Eliminant

Many pathologic dental conditions are aided by the addition of systemic treatment to that of instrumentation.

Elimination of accumulated toxins from the entire organism is an essential requirement.

SAL HEPATICA is especially efficacious as a general laxative and eliminant in the systemic treatment of pyorrhea, spongy gums and many other pathologic oral diseases.

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Meets every requirement of an ideal dentifrice

It will remove the *mucinate* film from the enamel without thinning the enamel. It will with the greatest ease remove the film from the gums, artificial plates, crowns, bridges or any type of artificial construction.

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While there are a few seconds of very weak acidity it is followed by long continued alkalinity.

Unclean mouths and hard deposits should first receive the attention of the dentist.

Prophylactic Tooth Powder will keep clean mouths clean.

Two of the main ingredients of a tooth paste are glycerine and soap.

Soap only hardens the mucinate and makes its removal more difficult.

Glycerine is a good medium for cultivating bacteria.

The investigating dentist should caution his patient against the use of a paste.

The dentist who knows never uses a paste in his own mouth and consequently prescribes a powder.

Powerful germicides and medicinal agents should never be incorporated in a dentifrice.

As soon as the first teeth are erupted children should be taught the use of Prophylactic Tooth Powder.

Children are liable to swallow part of any dentifrice. Prophylactic Tooth Powder can be swallowed with impunity.

A sample can of Prophylactic Tooth Powder for personal trial will be sent to any dentist or dental hygienist. We do not supply samples for your patients.



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Massage the gums—yes but what with?

There's no argument about gum massage. But it often falls short of producing the results desired.

In the hands of many dentists GUM RUB is yielding a new type of results in gum massage.



cleanses gums thoroughly, removing the coating that accumulates on oral surfaces. Then, the tissues cleansed, GUM RUB starts causing friction between finger and tissue.

Patients like it. It leaves mouths feeling clean.

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Preach the gospel of Gum Massage

MODERN dentistry emphasizes more and more the importance of gum massage as a treatment for diseases of the oral tissues — gingivitis and pyorrhea. The beneficial results derived from this practice are pointed out in no uncertain terms by many of the ablest investigators.

Gum massage is an important factor of preventive dentistry

As one specialist states:

"The instant the gums are pushed properly, the blood tarts to flow more rapidly and new life and color make their ppearance. After a thorough rophylactic treatment and a esson in mouth-brushing it is

not unusual to see the tissues lighten in color, possibly two or three shades in twenty-four hours."

It is realized that massage of the oral tissues is the most effective method of overcoming the harm done by the coddling effect of our modern soft diet, which deprives the gingival tissues of the healthful frictionizing that a diet of rough, coarse food would yield to them.

Proper use of the tooth brush includes brushing of the gums. Teaching a proper method whereby this is accomplished is an accepted routine in many dental offices. The technique is not difficult for the patient to learn, and such instruction is indeed a splendid service for the dentist to render.

THE ziratol content of Ipana Tooth Paste makes it particularly useful as a supplement to massage in toning and restoring softened gum tissue. Many dentists regularly use Ipana in their work at the chair and in teaching their patients the correct technique of gum massage.

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"...one of the most common causes of malocclusion"

DR. LANDIS H. WIRT says: "I believe most orthodontists will concur in the assertion that one of the most common causes of malocclusion is the deficient development of the dental arches through want of proper exercise in chewing... Arch development depends largely on a diet of sufficient hardness and toughness to require vigorous mastication."

Dr. Wirt says further that such a diet will "raise the tone of the teeth themselves and their investing tissues, in adults."

Here are facts which dentists everywhere are striving to impress upon their patients. Unfortunately, foods which afford "proper exercise in chewing" are seldom included in the average modern diet. You, no doubt, often find it necessary to suggest specific foods. Do you mention Grape-Nuts?

Grape-Nuts is made from wheat and malted barley. Its crisp, delicious, golden kernels induce the most thorough mastication—and make mastication enjoyable! In millions of American homes, Grape-Nuts is a favorite food, with both adults and children.

Grape-Nuts makes contributions to nutrition which are of great value from the dentist's viewpoint. Because of special milling processes, valuable elements of the original grains are retained, and the food thus represents a good source of phosphorus, iron, protein, and vitamin-B, in addition to supplying carbohydrates. Combined with whole milk or cream, Grape-Nuts is an admirably balanced ration, very easy to digest.

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Moisture	1.3%
Ash	2.0%
Protein	11.9%
Fat (ether extract)	0.6%
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fibre	82.5%
Calories per ounce	105
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Upon request, we shall be glad to send you a special gift package—containing a package of Grape-Nuts, together with samples of other Post Health Products, which include Instant Postum, Post Toasties (Double-thick Corn Flakes), Post's Bran Flakes and Post's Bran Chocolate.

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"Soap is the best aid to the tooth brush in mechanically removing particles of food, masses of bacteria and mucus from the teeth and recesses of the mouth."

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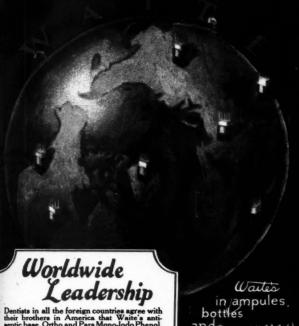
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This is to announce the completion of an original and creative work by the author of "Exodontia."

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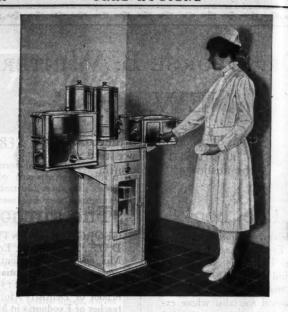
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To lay a Log of Wood upon the Fire To dress the Fir Tree in its Gift attire To sing Old Carols of the Savior's Birth To fill all Hearts with Happiness and Mirth

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REVELATION Tooth Powder, on the dampened brush becomes a homogenous composition—yet it isn't sticky, for the composition on your brush has been formed of the pure Revelation powder, and water. In the mouth there is no druggy taste, no bite—no sensation of having bitten into a pill!

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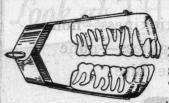
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Used instead of porcelain teeth on vulcanite plates and in bridgework to give the effect of gold crowns. They are stronger than porcelain facings and may be reinforced with solder.

For Plates and Bridges

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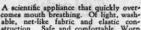
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A scientific appliance that quickly overcomes mouth breathing. Of light, washable, net-like fabric and elastic const night with or without elastic mouth piece. Fully adjustable. \$4.50 per appliance
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T is not for us nor anyone else to determine the kind of tooth brush your patients should use. It is just as important that you do this as it is for a physician to prescribe the medicine or treatment for his patients.

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is not Nationally advertised but thousands of them are being used upon advice of dentists who have found that the two rows of bristles, set in a narrow head and having a practically straight brushing surface, will reach all surfaces of the teeth, and that the sturdy handle permits of the necessary pressure for scrubbing.

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If you have never tried a Dr. Butler Brush, fill in and mail the coupon in and man the component and we will send you may one so that you may judge for yourself as to whether or not it is the proper brush for your patients.

DR. JOHN O. BUTLER, 1180 E. 63rd St., Chicago, Ill.

Enclosed twenty cents (20c) to cover cost of packing and mailing sample brush for testing or personal use only.

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Poccelain Mork



It is the earnest purpose and endeavor of the Lochhead Laboratories, Inc., to give to the Dental Profession and their patients the greatest satisfaction possible in Ceramic Dentistry.

PORCELAIN INLAYS, made by employees of long experience.

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DON'T you think that now, just before the Holidays and the New Year, is an excellent time to clean out your scrap drawer and send in the contents for refining? There is money in that drawer and you are entitled to every penny of it.

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Allow us to wish you the Merriest of Christmases and a Happy and Profitable New Year.

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YOU could not begin to think of a Christmas gift for each of your patients—why not "play" Santa this way:—

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Intensive private instruction for those who wish to learn porcelain. My simplified technique can be mastered quickly and time arranged to not conflict with other business on your visit to New York.

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When you have just completed a denture and show it to the patient, the first thought is not of perfect fit, comfort or wearing qualities—that first thought is appearance. And the appearance depends upon the veneering and the dental rubber used.

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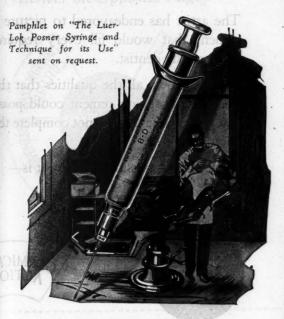
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The Luer-Lok Posner Syringe and B-D Platinum-Iridium Needles make local anesthesia safe and easy



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He has shown all the qualities that the best oxyphosphate cement could possibly possess but they do not complete the picture.

Something is missing and here it is-

SMITH'S COPPER CEMENT

Place this in the center and—



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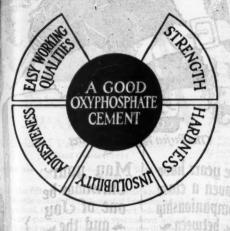
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Testing samples of Smith's Copper available. Cement are always

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Please send me testing samples of Smith's Copper Cement.

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This Sanitary Glass Jar Container sent absolutely free with first order for

WALLBROS

Individual Paper Saliva Ejectors Patented October, 1923

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EAD the fifteen reasons why Dentists are so enthusiastic about this successful improvement. individual, fresh, clean, convenient saliva ejecfor every patient—so cheap you cannot afford be bothered with the cleaning—the sterilizing—breaking of old style repulsive ejectors. This ffer has given thousands of Dentists, and their tients, a personal introduction to this inviting d long wanted improvement.

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Only 14c Each. A Fresh One for Every Patient.

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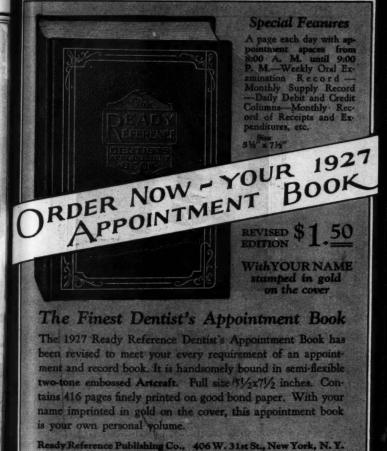
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The Electro Dental Unit is the only unit that really grows; the only unit with an electric bracket table; the only unit where reaching across the patient is eliminated; the only unit where the "instruments that terrify are hidden from the patient's eye" and kept free from dust and contamination.

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A 2-lb. can of Mynol Cleanser with each Mynol Dispenser.

A Cleanser that cleanses, sterilizes and keeps the hands firm and healthy.

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This Installation Outfit sells regularly for \$6.75, consisting of one Dispenser and a 2-lb. can of Mynol Cleanser.

During the month of December, on all orders received by us direct from dentists, giving the name of their dealer, we will bill the Dispenser at the regular price of \$5.00, sending a 2-lb. can of Cleanser without charge.

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Dentists who know teeth unhesitantly call the Justi E form teeth "Anatomical Masterpieces." They allow natural movement of the mandible . . . selection thirty two shades in coloring . . . and made with I well known porcelain.

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A trial tube of DENTU-CREME is now packed in each carton containing DR. WERNET'S DENTAL PLATE BRUSH.

DENTU-CREME and the BRUSH "Clean artificial dentures perfectly."

They do not scratch the surface or wear down the fine conformations of the plate.

Have your patients INSIST on a DR. WERNET'S DENTAL PLATE BRUSH at your druggist and advise them to use it twice a day with DENTU-CREME.

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We will ask your druggist to stock these articles for your patients and WILL AGREE TO REFUND HIS PURCHASE PRICE on any package he cannot sell. Please tell your druggist.

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The prints are reproductions of original skiagraphs of actual cases; in each one a broken broach is easily discernible

A broach is a tiny instrument, and if not properly made it can cause no end of trouble. The reputation of the dentist can be made or lost with this tiny bit of steel, it cannot be made too good.

We started manufacture with that aim and have tena-

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That we have succeeded is evidenced by the enormous

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They follow the most tortuous canal and they clean it out, too, properly preparing the root for the work that is to follow.

It's not only the quality of the steel that assures this dependability, the design and uniform barbing of the instrument are equally important.

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S. S. White Pulp-Canal Cleaners ARE SAFE AND SURE

Five Sizes

Per Dozen \$0.65 Per Half Gross \$3.50 Per Gross \$6.50

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Any art depends upon skill and materials.

Clean, thin, easy melting of casting gold generally results in sound, smooth castings.

Chilcast is made in a special form which makes it easy to melt. Prills (instead of rolled ingots) make melting freer from oxidation, cleaner, and quicker.

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An Oxy-Eugenol Silver preparation that is positively non-caustic—A sterilizer, non-conductor and absolute inhibitor of dental decay—Silv-O-Dent soothes and saves the irritated pulp. Silv-O-Dent does not stick to instruments—it does not stick to instruments—it does not discolor. Order a package from your dealer on trial, or send this coupon. If you are disappointed in Silv-O-Dent full credit will be allowed.



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A Devitalizer That Is

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CAN you remember as far back as 1888, when bustles and high-wheeled bicycles were the style?

It was the year Cross-cut fissure Burs were invented and introduced to the dental profession by Mr. Meisinger, the manufacturer of Scharmann Burs.

This invention spread the fame of Scharmann Burs to the four corners of the earth, and the passing years have added to their popularity.

Dentists like them because they cut with less pressure, less heat and, consequently, less pain—because they cut cleaner and smoother, gentler and cooler, and more rapidly than other burs.

You, too, will like them—and their moderate prices will enable you to make considerable savings. Write for Price List.

FREE BURS—to prove their superior quality



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TURN YOUR NEXT FEW MINUTES INTO REAL CASH by scooping up your accumulation of gold, platinum and amalgam

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Pack it carefully in a heavy envelope (we'll supply special pouches on request) and send it by registered mail to us through your dealer or direct, as you prefer.

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Promptly upon receipt of your shipment we will send you our check, based on assay, holding intact your scrap until you accept our report. Or if you would prefer Jelenko Golds in exchange for your scrap, kindly designate what products we are to send.

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discovered through unbiased test

No thoughtful professional man accepts without question the word of another with respect to the efficacy of any recommended treatment—least of all, anything recommended for the treatment of pyorrhea, the disease which has been the target of scores of ingenious souls for many years.

But—the thoughtful professional man, while not accepting blindly, does not reject blindly either.

Many of this type are investigating Zipco. May we submit Zipco for your consideration?

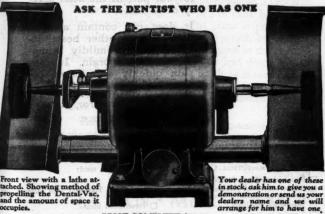
Please send your professional card as the distribution of Zipco is restricted to the profession.

Zipco Tooth Powder is provided for interim use by the patient (and for regular use thereafter, as it is efficacious as a cleanser and palatable, too). as a cleanser and palatable, too).

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The Dental-Vac Dust Collector



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PRICE COMPLETE \$30,00

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When you administer or prescribe A-Vol (Case) for postoperative pain—or to relieve fear and nervousness preceding the operation—point out to your patient the utter safety of A-Vol.

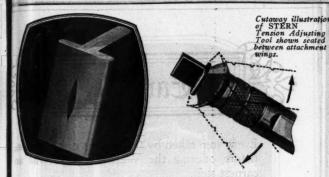
It does not contain aspirin, acetanilid or other heart depressants. It mildly stimulates heart and brain. It stops pain quickly and leaves patients exhilarated.

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Easier and Precise Adjustment

The new and unique adjustment feature of the Improved STERN-McCOLLUM Attachments, illustrated above, has been developed in response to a widespread demand for an easier way of adjusting an attachment for spring tension.

Adjustment is effected by inserting the lanceshaped point of the specially-designed STERN Tension Adjusting Tool in the cleft between the attachment wings. This point is propelled like the lead of a mechanical pencil, by turning a cap, until it is properly seated in the cleft. Then by a rocking motion, up and down, you spread the wings open as much as is required. The propelling cap is calibrated to control the extent of the adjustment by thousandths of an inch.

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The easier and precise adjustment thus effected solves a problem of long standing, and is a distinctive improvement to be found only in.

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Determined to round out the group of dental equipment bearing the Weber name, the Weber Company erected a new factory building for the X-Ray department.

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The task was in every phase earnestly under taken. Is it any wonder that Weber X-Ray apparatus is speeding toward leadership in its field?

Whether you are at the moment interested in the purchase of an X-Ray or not, send your card for interesting literature, including "Health Dentistry," to Weber Dental Mfg. Company, Canton, Ohio, U.S.A.



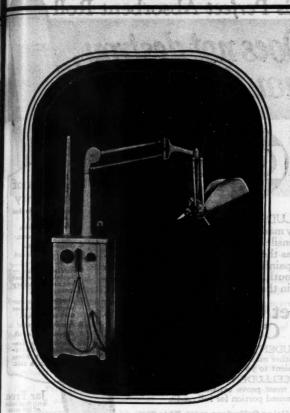
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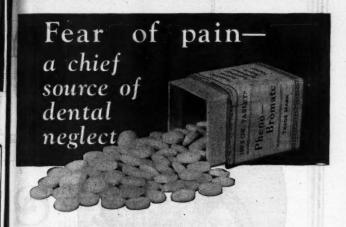
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T a recent meeting, reasons were sought for the deliberate avoidance of dentistry by people who urgently require it.

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Fear of pain was credited with at least half this neglect. This was the unanimous opinion of the meeting—attended by men who have devoted deep thought and study to the subject.

Pain! Perhaps it is too much to hope for a complete elimination of it, but assuredly it may be minimized and controlled.

Numerous dentists are being won to the use of Pheno-Bromate, which has been favored by physicians for 29 years. Dentists are learning what physicians know: that Pheno-Bromate is a proved safe and effective agent for pain-prevention and relief—free from objectionable after-effects, incapable of heart-depression.

Pheno-Bromate is a perfected combination of derivatives of the phenetidin and bromine groups not a mixture of coal tar derivatives.

Confident that dentists will come to regard it as highly as physicians do, we are anxious to provide you with a generous supply for clinical test.

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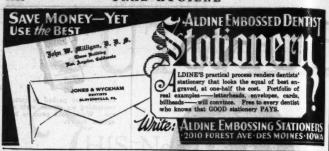
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We use on this engine an oversize motor in order to give you an abundance of power. This motor will drive the largest stone you will use without choking down.

On our engine you can use your regular foot engine head, either the cable type as shown in the cut, or the all cord type.

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That glue-like, rapidly hardening formation on the teeth that we commonly call tartar—can a dentifrice actually erase it?

Let these facts settle all doubt. Soapy tooth pastes are limited to polishing substances which are alkaline in reaction (in order to mix with the soap) viz: French or Precipitated Chalk, Magnesium Carbonate, Calcium Carbonate or Potassium Chlorate.

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In ORPHOS TOOTH PASTE we employ that remarkable polishing agent Tri-Calcium Phosphate, C. P.,—and no soap. Tri Calcium Phosphate rates 3° in the scale of hardness. The softest portion of the tooth structure rates 3½° to 4½° in the scale of hardness—and the enamel higher. Therefore, Tri-Calcium Phosphate cannot scratch or injure the softest tooth surface.

Tri-Calcium Phosphate plus eleven other ingredients of an antiseptic and healing nature give ORPHOS the power to erase calculus positively. Also firm and strengthen the gums.

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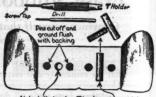
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THE dentist has made a discovery of his own about Mu-Sol-Dent which, because it promotes his own welfare as well as that of his patients, he is prone to value even higher than its virtues as a cleansing agent.

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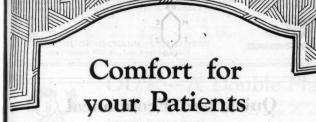
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Freedom from pain of the teeth and gums

Use in these 12 cases

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SEAMLESS READY-MADE GOLD CROWNS

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This method of producing analgesia has proved worthy of superseding all other methods of obtunding pain for dental chair surgery. Consider these facts, proved by a sufficient number of clinical tests:-

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Patient can administer the anesthetic in analgesic stage.

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Machine possesses long known and desired character-

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Take impression and bite at same time using ARRIS BITRAY

With HARRIS BITRAY you can take impression and bite at the same time with plaster or any other material desired, in every case where one or more teeth are missing.

With the BITRAY you transfer the bite directly from the mouth to the articulator and you know you cannot go wrong.

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Business Helps For Busy Dentists

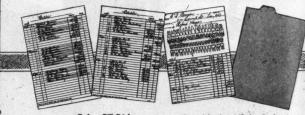
Although dentistry is a profession it also has a business aspect that must be recognized; accurate records are just as essential as they are in any commercial enterprise.

Time is so valuable to the dentist that nothing should be permitted to interfere with the productivity of his working hours. A system of accounting therefore must be simplified.

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Perpetual in form, it can be started any time and used for a full year.

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DIOXOGEN acts almost as an anesthetic in the mouth; the relief from pain and the soothing effect on the tissues are so pronounced that the intervals between office visits can be materially shortened.

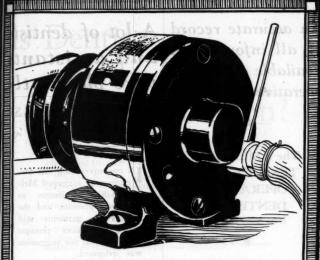
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REVOLUTION—not at the hands of a Red Peril, but a Revolution of Theory and Practice emanating from the research laboratory?

Suppose it were discovered that resistance to caries could be developed by diet, and that caries could be induced in sound teeth by a diet deficient in Vitamin C.

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THE DENTAL DIGEST

will publish the researches and experiments which led up to this discovery in a series of interesting letters from Dr. Howe as reported by "Brother Bill," beginning in the January issue.

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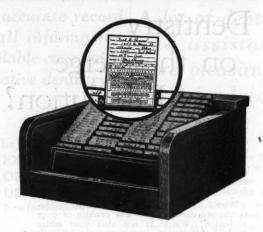
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Kondon's will clear your head. Recommend it for cold, cough, coryza, nasal and dry catarrh, headache, earache, deafness, sore nose, sore lips, bleeding gums, and BAD BREATH.

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They are inexpensive. They are clean and always kept in sanitary form. Always ready—just take one out of the container. And the ingredients are balanced in just the right proportion—abrasive agent—polishing agent—antiseptic tonic—all in one. Break away from the mixing habit, learn how efficient and convenient Prophylax-O Tablets are by asking for samples. Regular size package can be had at your dealers.

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AFTER prophylaxis advise the use of SQUIBB'S DENTAL CREAM, made with more than 50% of Squibb's Milk of Magnesia, and watch the gums take on the color and firmness of perfect health and vitality.

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It is true, there are many things that do not look practical in the beginning and a readymade gold crown was one of them.

But, thousands of dentists who, a few short years ago, claimed that ready-made gold crowns were impractical are now using

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And, they would no more think of returning to the old impression and bite method than they would of making their own instruments.

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Tray lifts with

No seams or solder; one-piece pressed copper boiler.

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FOR SALE: High class Michigan practice and equipment. Real opportunity for capable man to do from ten to fitteen thousand per year. Sell less than invoice. Box 23, Oral Hygiene, Pittsburgh Pa invoice. Bo burgh, Pa.

(Continued on Page 2398)

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Call and see tests conducted in our Department of Education and Research. 10th Floor Mallers Bldg.

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(Continued from Page 2396)

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WANTED: Ethical dentists for salaried appointments in all parts of United States. If you have good references as to capabilities and character, send for application form. JOIN OUR DENTAL BUREAU, Aznoe's National Physicians' Exchange, 30 N. Michigan, Chicago.

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No matter which of the above chairs you have, there is a D. C. B. Sanitary Head Shield to add to its comfort and convenience to your patients.

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Adjustable Bracket perating ight

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The Bosworth No. 5 light with our adjustable bracket is the light we recommend for greater efficiency and longest life.

The light itself gives the most perfect reproduction of daylight achieved in professional lighting equipment. Daylight is ideal because of the diffusion of light rays coming from all directions. Our No. 5 light gives perfect diffusion, as its scientifically dethrown up to it from the lower shade. The lower shade, which

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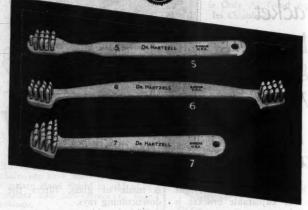
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Please send circular about your Operating Lights.	
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Designed especially for the Dental Profession

NUMBERS 5, 6 and 7 are intended to cleanse the lingual surfaces of upper and lower teeth. No. 5 is the simplest in form. No. 6 is furnished with double ends and the handle is so constructed that the bristles may be applied with the same evenness to the inside of the dental arch as a straight brush may be applied to the outside of the arch. No. 7 similarly helps the user to reach the gum on the inside, and to thrust the bristles between the teeth in such a manner as to remove the mold from between the lingual surfaces. Use the one you can use most easily.

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The admitted virtues of a potent phenol solution—minus the phenol characteristics which had hitherto limited the usefulness of this valuable pharmaceutical.

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A heavy coating impervious to moisture, making a splendid non-conductive lining for gold or amalgam fillings and a protective coating for silicate fillings.

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This Separator is easily applied, is out of the way of the operator, and is quite universal in its application. The jaws are arranged to pass one another as the force is being applied and are properly beveled to prevent tipping or undue pressure on the gum tissue. The screw operates in either end of the yoke, making it applicable to either side of the arch.

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The obvious fine point and flexibility pre-cludes the possibility of pain when inject-ing, while with the ordinary hypodermic needle the coarseness of point and rigidity causes a tearing and dragging sensation, which is painful and rightens the patient. With the Green Special you have none of the above disagreeable features. Once used always used.

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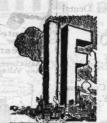
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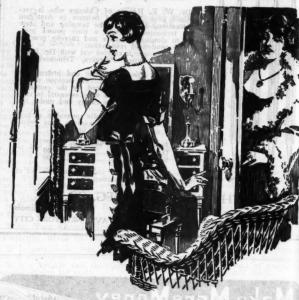
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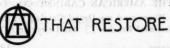
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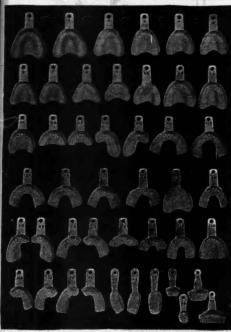
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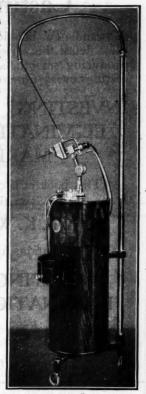
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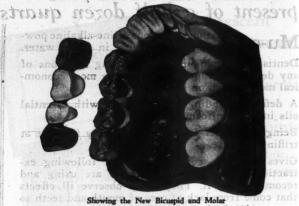
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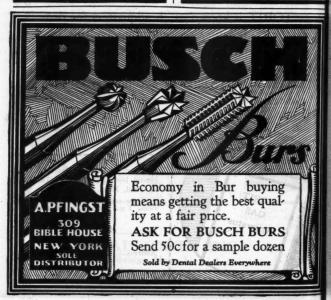
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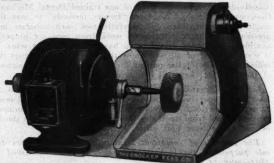
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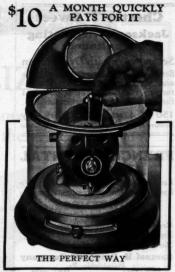
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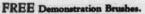
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